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A CLINICAL LECTURE.

CAISSON DISEASE; THE TREATMENT OF SUB-ACUTE AND CHRONIC RHEUMATISM.

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DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This patient has given us the following history: J. M., age 35 years. The family history is good. He has been a hard-working man, exposed to all sorts of weather. There have been no alcoholic excesses and no venereal disease. His health was good until two months ago, since which time he has had more or less cough. For some time past he has been working eight hours a day in a caisson, under a pressure of forty-two pounds to the square inch. Three weeks ago, after coming out of the caisson, he was taken with a severe chill, lasting two days, and followed by sweating, but no fever. There was loss of appetite and complaint of pain throughout the body and severe headache. One week later he had another chill, not quite so severe, which was followed by some fever and sweating. The fever has continued since then. Five days after the second chill he began to have diarrhœa, passing as many as ten stools a day. This has continued. He had a slight hemorrhage from the nose three or four days ago.

He was admitted to the hospital two days ago, with a temperature of 104.8° Fahr., but with a pulse of only 100° Fahr., and respirations 26 per minute, the elevation of temperature being out of proportion to the acceleration of pulse and breathing. The tongue was coated in the centre and moist, and red at the tip and edges; it was tremulous. The hands shake on attempting any motion. The face was flushed, and the expression dull and listless. The heart sounds were normal. The lungs present over both sides a few mucous rales. The urine is normal. The temperature this morning is 103° Fahr., the pulse 96, and the respirations 16. The skin is moist. The belly is normal, not at all distended. As far as we can discover there is no characteristic eruption. There is a moderate eruption of sudamina, particularly about the base of the chest.

There are several points of interest with reference to this case. For some years past we have been much interested in studying a new form of disease, which has received the name of caisson disease, because it attacks those working in these submerged air-chambers, carrying on the engineering work required for the laying of the piers of bridges and the like.

This is an entirely new affection, because this method of work is a comparatively new one. These submerged air-chambers are supplied with air pumped from the surface. Working in these chambers has induced certain curious pathological changes, the symptoms of which were at first misunderstood. It was believed that the men were attacked with rheumatism, and, again, that they had low forms of fever. It is now clearly recognized that those who work under such atmospheric conditions are liable to very severe nervous symptoms, which attack them either while working

in the caisson or after they come to the surface. These symptoms assume different forms. Perhaps the commonest are affections of hearing, dizziness, headache, and extreme pains through the limbs. These pains closely resemble rheumatic pains. Sometimes the symptoms are much more severe. There may be almost complete paraplegia, or even more general paralysis. As a rule, these symptoms pass away if the subject stays from work for a few days. Men may have a threatening of these symptoms and yet by working but a few hours at a time, may go along without serious inconvenience.

This man presents a combination of the symptoms of mild caisson disease, with the subsequent symptoms of a low febrile type, so that I am uncertain what proportion to give to the work that he has been engaged in and what to some febrile element introduced into his system without reference to that work. The first attack came on so quickly after he left the caisson, that we must assume that the work has something to do with the production of the severe pains of which he complained. The symptoms which he now presents are not characteristic of caisson disease, but are like the symptoms of mild typhoid fever. He has had irregular fever, cough, slight epistaxis, loss of appetite, looseness of the bowels, and prostration. He has run through a low febrile condition, but in the absence of the characteristic eruption, it is impossible to assert positively that he has typhoid fever. It may have been a simple continued fever of severe type, coming from the unusual exertion and the peculiar conditions under which the exertion was made. That would appear to be the more probable explanation of the case. It must also be remembered that he has been working in a malarious district. The season of the year is, however, not favorable to the development of malarial affections, but it has been an open month, and there may be a malarial element in the case. This is, however, a matter of conjecture. What we clearly know is that there has been a continued, irregular affection, lasting three weeks, and appearing after an attack of mild caisson disease. It is quite possible that this febrile condition has been the result of the conditions under which he was working, and of the excessive bodily and nervous strain to which he has been subjected.

The man is evidently improving, the temperature is going down, the pulse is moderate, the expression is good, the mind is clear, and all the symptoms indicate that he will soon be convalescent. All that is required in the way of treatment is rest, liquid diet, and very small doses of stimulants diluted. If the bowels are loose, mild astringents; if the bowels are quiet, quinia, and mineral acids will be given.

The Treatment of Sub-Acute and Chronic Rheumatism.—This young colored man is 22 years of age, and a laborer by occupation. He knows nothing of his family history with the exception that his father had rheumatism. Three years ago he had rheumatism himself, the attack involving nearly all the joints of the body and lasting seven months. He then recovered and remained well until nine months ago, when he began to have pain in the left side and back. This was followed by involvement of the left arm and leg and of the right foot. The joints are painful and swollen.

This case illustrates some points of interest. It shows, in the first place, the fact that the rheumatic diathesis often appears to be hereditary. It is not always the rheumatic diathesis, but the arthritic tendency which is apt to be transmitted. It also illustrates very well the tendency of rheumatism to involve many large joints, to be tedious and uncertain, improving and returning, to be followed by relapses, in which the rheumatism does not always either attack the same joints as were affected in the first spell, or does not return as the same form of rheumatism. For instance, a man who has had, as this patient, a poly-articular rheumatism, tedious, and lasting over seven months, may have a relapse in which the rheumatism may be mono-articular, possibly affecting a joint not involved in the first attack, or it may appear in the form of muscular rheumatism, and thus we see the identity or the common descent of these different types of rheumatic affections. In the one case the joints are affected, while in the subsequent attacks the fibrous tissues about the joints, tendons of the muscles, their sheaths, the muscular substance itself, or the nerve-sheaths will be the parts attacked. I hope that this case does not also illustrate the tendency of rheumatism to involve the heart. Auscultation shows that there is no positive murmur, although the sounds are not entirely normal. A slight, sharp, clicking sound is heard just above the ensiform cartilage, showing that there has been a little pericarditis.

The difficulty in treating a case of this kind is

in enforcing such a hygiene and diet as will prevent the recurrence of the rheumatic symptoms. It is easy to repress the attack of rheumatism while you have the patient directly under your care. The great difficulty is to keep the system in such a condition as to prevent recurrence.

The treatment of such cases as this is twofold. It is (1) the treatment of the attack or the treatment of the symptoms, and (2) the treatment of the interval to prevent the recurrence of symptoms. These two forms of treatment are totally different. This man has been taking a drachm of salicylate of sodium each day. As you are aware, we have found that the salicylates, and particularly the salt of sodium, have a remarkable power in controlling the manifestations of rheumatism, and especially the more acute symptoms. It is not a specific for rheumatism. There are many cases which resist its action, but, in the great majority of cases, it does exert a remarkable power in controlling the acute symptoms of the disease. Not only in the acute inflammatory cases, but also in some of the sub-acute cases, it is well to give the salicylates a trial. The treatment should not be persisted in unless satisfactory results are soon obtained. If it is going to do good, the beneficial results will soon be seen. If after from three to five days' use of the salicylates, some manifest improvement is not seen, it is better to change the treatment. If the remedy does good, it may be continued for some time in moderate doses; the drug is well borne by the system, and in cases where it is efficient, it may succeed in overcoming the tendency to relapse. I have known the continued use of the salicylates for several weeks, or even several months, to prove in the highest degree valuable in overcoming an obstinate tendency to the recurrence of rheumatic symptoms; but, on the other hand, if, after a few days' use, the symptoms still persist, perseverance with the use of the remedy rarely gives better results.

Where the salicylates do not answer, the iodides may do well. The iodide of potassium may be given alone, or associated with some alterative, as guaiacum. It may be given with powdered guaiacum in emulsion, or the iodide may be given with the ammoniated tincture, and with an elixir and syrup to make it more pleasant, and a bitter to make it tonic. A combination of a slightly laxative saline, with sulphur and guaiacum, is often of service. In all cases of this kind, the diet is to be carefully attended to, and the patient is to be urged to extreme care with regard to dress and exposing himself.

Where the disease is limited to a few joints, it is well to use some local treatment. This patient has also of late had trouble with the left arm. This is in all probability due not only to the involvement of the joints, but also to affection of the sheaths of the nerve. I have no doubt that there has been a certain degree of rheumatic perineuritis in this case. In cases of this kind, I should strongly favor the application of a series of blisters along the nerve trunks and over the joints. This would hasten the cure decidedly.

After the marked symptoms have been removed, the time comes for what is really the important part of the treatment, that is the preventive. This is almost entirely hygienic and dietetic. There is no question that if patients with the rheumatic diathesis were willing to submit to proper hygiene and diet, that in the great majority of cases the diathesis could be eradicated. It is impossible to lay down any positive rules as to the diet for rheumatics. It should be such as is adapted to the gastro-hepatic digestion of the individual, and the greatest difference will be found in different cases. Some rheumatic patients do far better when they take no meat. I have patients who almost certainly get rheumatism if they take flesh food, and are almost entirely free from it so long as they live upon vegetables, fruit, and milk. On the other hand, there are some individuals who cannot take fruits, particularly the sub-acid fruits, such as the strawberry and orange, without getting rheumatism. I would not say that there is any particular diet which is best adapted for rheumatic patients. We should study carefully in each individual case the condition of gastro-hepatic digestion, and adapt the diet to that condition, so as to keep the tongue clean, the stomach easy, the bowels regular, and the urine light and free. There are no better tests for the condition of the rheumatic than the state of the tongue and the state of the urine. If the tongue be clean and the urine copious, light-colored, and only faintly acid, the system is in a favorable condition. If the tongue is coated, the bowels sluggish, and the urine high-colored, the patient is probably on the brink of an outbreak of rheumatism. In this way, it is easy to judge in each case

what food should be allowed, and in what quantities and at what intervals it should be given. As a general rule, I might say that sweets are bad for rheumatics. Candy, preserves, sweet cake, and the rich desserts are to be avoided. This is of almost universal application. Again, heavy meals, particularly if taken at short intervals and by persons not taking much exercise, are injurious. Where large quantities of food are taken, considerable exercise is required in order that this food may be properly elaborated and assimilated. We must, however, be careful that the rheumatic patients are not reduced. If they become anæmic and run down, they become sensitive and very liable to rheumatism, and their resisting power must be sedulously kept up.

In addition to diet, it is necessary that the rheumatic patient should pay most careful attention to exercise, the state of the skin, and to dress. These patients all need regular outdoor exercise. Rheumatic patients should be encouraged to be in the open air as much as possible, and to take regular exercise, as walking, horseback riding, and gymnastics of various kinds, being careful never to overdo the matter or fatigue themselves. They should be encouraged to use cold sponge bathing, followed by vigorous friction of the skin in order to maintain a healthy state of the skin, a vigorous condition of resistance, and an active state of the circulation. All persons with the rheumatic diathesis cannot do this. Some are so sensitive that they cannot pursue a course of this kind without chilling themselves and getting more rheumatism. Such persons must be satisfied with a partial sponging and with a greater amount of dry friction. It is well for such individuals to use some stimulating article to rub themselves with. I like very much a rough towel dipped in a saturated solution of salt and dried before the fire. In this way the meshes of the towel are filled with salt. This should be used after the partial bathing. The effect which such treatment has in increasing the ability to resist atmospheric changes is marvelous. Some persons are so sensitive, anæmic, and weak, that even greater care is required. With these persons, it may be impossible to pursue the hardening plan which I have described. Such patients have to be carefully nursed and restricted to the house in bad weather. Care must be exercised in regard to the temperature of the water used for bathing. It may have to be hot water, or hot salt water. Nearly always, if done cautiously, such patients can be brought to stand a healthful and invigorating regimen. If this cannot be done, I should insist upon a change of climate. When a person cannot pursue the plan described in this climate, he should go to another.

The dress of the rheumatic patient is a matter of extreme consequence. Here, again, we have to consult individual peculiarities. There is no doubt that, as a rule, underclothing made of wool is by far the best protection against cold and damp. Some find silk of more service, and in others the skin is so sensitive that they cannot wear wool. Under such circumstances, I prefer light silk with outer garments of merino. The question of dress is a very important one with reference to women. Within the past few years women are beginning to dress more reasonably. It is only within recent years that women could be induced to wear, as they all should, merino, from head to ankles. The greatest difficulty in dealing with rheumatic troubles in women has been their almost invincible prejudice against under-drawers.

When you come to deal with such inveterate cases of rheumatism as you see here, you will soon realize the fact that medicines alone fail to reach the trouble. The symptoms may be overcome by your remedies, but in the course of a month the patient will be back with a relapse. In order to prevent acute rheumatism from becoming sub-acute, sub-acute from becoming chronic, and chronic from becoming inveterate, the chief reliance must be placed upon dietetic and hygienic regimen treatment.

ORIGINAL COMMUNICATIONS.

THE SYPHILITIC FACTOR IN DIAGNOSIS.

BY WILLIAM F. WAUGH, M.D.
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TO the general practitioner, syphilis frequently presents itself under conditions which render its diagnosis a matter of peculiar difficulty. The family physician rarely sees the primary stages of this disease. The man who has just discovered that he has a suspicious sore on his penis, is either deterred by shame from disclosing his moral obliquity to his phy-

sician, or else he thinks that druggists, specialists, or quacks understand the management of such diseases better; and to them he betakes himself. The general practitioner has to do with the remote effects of syphilis, the phenomena which occur years after the primary attack, when the patient has almost forgotten that he ever had the disease; or else, presuming on years of immunity, supposes himself cured. No disease presents more distinctive features than a typical case of syphilis. The merest tyro could scarcely mistake it in its ordinary form. And yet, no disease is so protean, so variable in its manifestations, so liable to appear in unexpected ways and unusual situations; so that the most skillful diagnostician will sometimes be baffled by it.

Many an experienced physician has had to blush, when, after long puzzling over some obscure problem, he suddenly recognizes the old serpent in a new disguise.

The modifications in the course of the disease due to treatment, help to perplex the physician who has not had charge of the case from the beginning. The atmosphere of doubt which hangs over the statements of the patient adds to the uncertainty. He may be lying (though the untruthfulness of these subjects is exaggerated), he may be unaware that he is syphilitic; or, finally, he may believe himself to be syphilitic when this is not the case.

Very often, the history of such cases is as follows: The patient presents a group of symptoms which obscurely point to some disease. He is treated for this, but without benefit. The physician revises his diagnosis, puts together his prescription with care, sees that his drugs are reliable, but to no purpose. Suddenly, the truth dawns upon him that the case is specific, and the mystery is solved. If this occur repeatedly, he learns to look for syphilis in every obscure case which presents itself to him. Well is it for him, and better for his patient, if he do not end by *seeing* syphilis in every such case!

Persons who deal in sweeping assertions, occasionally claim that the whole human race is syphilitic; basing their conclusion on the universal depravity of man, or on the results of inheritance. They say, granting that one may not have contracted the disease himself, yet among his two parents, four grandparents, eight great-grandparents, or sixteen ancestors in the fourth remove, is it not next to impossible that one will not be found syphilitic? It is beyond question that in many ways the sins of the father are indeed visited upon the heads of the children, even beyond the fourth generation. Witness the proneness to give way to certain temptations; the peculiarities of physical and mental constitution which are hereditary. Nor would I venture to deny that in some form, though not in its own, syphilis may exert its influence through several generations.

When it appears in the child, it is usually in such a form as to destroy life; and thus the tendency is to put a full stop to the transmission of the disease. But when the victim of hereditary syphilis lives to rear children in his turn, have such offspring ever yet been proved to have inherited the disease? Recently, Hutchinson has advanced some cases which may have been instances of this sort; but the proof is by no means conclusive. It would be most interesting to trace the future history of such children, to see what diseases, and especially what cachexia, they were most liable to suffer from, and thus to learn what affections could be traced remotely to syphilis. Unfortunately, it but rarely happens that one physician attends a family through four generations. When one reflects on the stores of wisdom, gleaned from experience, which are garnered up in the brains of the man who has attended a family for two or three generations, one cannot but regret that such men must die, and their knowledge with them! How much more readily could we spare any number of specialists! But, as far as our limited vision extends, we have no reason to believe in the indefinite heredity of syphilis. Even in the original possessor the disease loses its virulence during his life. The later children of a syphilitic may not show a sign of having inherited the disease; or may manifest it in a less degree than the earlier progeny. This gradual elimination of the syphilitic poison is in harmony with natural laws.

The following cases, selected from my own practice, will serve to illustrate the unusual ways in which syphilis sometimes manifests itself:—

Case I.—A marine presented himself at the sick call one morning, shortly after the ship's crew had been on shore for "general liberty." During his forty-eight hours' leave of absence he had acquired pediculi pubis, gonorrhœa, and seventeen chancroids. One of these, on the dorsum of the penis, refused to heal as the

others did, and in due time developed into a hard chancre.

About two months afterwards he was suddenly seized with the following symptoms: Chill; intense pallor; lips blue; cold, clammy sweat; eyes half open, the conjunctiva alone visible; voice almost totally suppressed, a husky whisper being barely perceptible; pulse at wrist absent; prostration so great that he could not lift his hand.

A hypodermic injection of morphia was at once administered, and reaction quickly followed. As it did so, he broke out from head to foot with the most furious eruption of secondary syphilis I have ever witnessed.

The occurrence of this eruption in a manner simulating that of the eruptive fevers is not very unusual; as cases have been mistaken for measles or varioloid. But the grave symptoms of collapse, as above detailed, are certainly singular in a disease which usually invades the tissues by imperceptible degrees.

CASE II.—A young gentleman consulted me for a gastric difficulty, which several physicians had failed to cure. As the symptoms were those of gastric catarrh with deficient secretion of bile, I supposed his advisers had fallen into the common mistake of treating it for atonic dyspepsia, and I rather heedlessly promised him speedy relief. But to my surprise he returned at the end of a week showing no improvement. I examined his urine repeatedly, having more than once detected renal disease underlying an obstinate dyspepsia.

But in this case no sign of Bright's disease could be detected. The remedies which were ordered proved singularly inefficacious, until I began to wonder whether they were really taken.

Jaundice came on slowly, not very marked, with a dirty, cachectic appearance. One day I noticed a suspicious spot upon the tongue. At his next visit it showed itself to be an undoubted mucous patch. On questioning him, he acknowledged that he had had syphilis, but supposed himself to be cured, as he had "been treated six months for it." The administration of mercury produced an immediate change for the better, and eventually a complete recovery.

CASE III.—A physician was called to attend a case of uterine hemorrhage. He found what he diagnosed to be a cancerous growth. It chanced that a few days previously, while performing a surgical operation, he had cut the tip of his left ring finger, and at the time he made the vaginal examination the wound was still open. Soon after, there were signs of irritation in the wound, from which red lines ran up the wrist; the lymphatics at the axilla and elbow enlarged, but not painfully. These symptoms subsided, but a few weeks later he broke out from head to foot with a peculiar eruption. When I saw the case he was covered with the eruption, which existed also in the throat. He had some fever, and was annoyed greatly by the itching, which was marked. I found the middle cervical gland to be enlarged, but not tender. The gland over the olecranon was also enlarged. On these facts I based my diagnosis of syphilis, which was somewhat strengthened by the fact that the case of supposed uterine cancer was only twenty-seven years of age, and had driven her husband from her home on account of his infidelity.

A distinguished specialist in dermatology who was called upon for his opinion, pronounced the disease of the skin a pityriasis acuminata et circinata, adding that it was a rare form, described first by Duhring, and not syphilitic. Indeed, to my diagnosis of syphilis, he answered, that every case as yet reported had been mistaken for syphilis until subsequent experience corrected the error.

The physician, who looked with abhorrence on the idea of his having syphilis, embraced the side of my friend, the specialist, and hence received no anti-syphilitic treatment.

Several months later, however, his eyes began to trouble him, for which he consulted one of our leading ophthalmologists. This gentleman immediately diagnosed syphilitic iritis, for which he treated and cured him.

Ten months after the initial lesion (six months of which he had been forced by his skin disease to pass in his room) I called on him. He had paralysis of the right facial nerve. This disappeared under mercury. A few weeks later he was seized with strabismus. He informed me then that for some weeks he had had persistent headache, located in the centre of the forehead. He had aphasia; could not collect his thoughts; could not recollect words five minutes, although he could repeat them when they were pronounced in his hearing. Two days later his right side was totally paralyzed.

This occurred less than eleven months after the first syphilitic lesion. He was at once put

upon mercury; first, the protiodide; but this was soon changed for the mercurial pill. Of this he took from fifteen to thirty grains daily for nearly a year. The effects of this treatment were as follows: The eruption, which had persisted, slowly disappeared, although for months the stains continued to show themselves after bathing. The paralysis slowly passed away, but not altogether. He can now walk with a cane quite long distances. The aphasia passed off sooner, and completely. His digestion is perfect; the bowels open twice a day; the appetite unusually good. Mentally, he assured me that his head felt clearer and his intellectual powers greater than had been the case for years. He regulated the dose of mercury himself; aiming to take as much as possible short of inducing salivation. No bad effects of any kind occurred from the large amounts of the drug taken.

CASE IV.—A lady, widely known for her benevolence, was induced by her charitable impulses to take into her house a homeless woman, of whom she had no other knowledge than that she was needy. Some months after the woman was seized with a convulsion, the nature of which I could not ascertain. Shortly afterwards the case was referred to me. The woman seemed to be in fairly good physical health. Her complexion was not clear; her eyes had a strange look, such as is often seen in insanity. She was ill at ease; seemed unconscious of the debt of gratitude she owed her benefactor, and talked of the mission her Creator intended her for. I gave her a thorough examination without detecting organic disease of any sort. I was debating whether she were insane or malingering, when I noticed on her palm a patch of psoriasis! No other sign of syphilis could be detected; but when the question was asked, she acknowledged that she had been infected by her husband, and described correctly the symptoms she had noticed subsequently. The lady who had befriended her received a warning not to admit strangers to her home in future without first sending them to her physician.

CASE V.—A blacksmith, left in my care by another physician, was suddenly seized with excruciating pains in the abdomen. Morphia hypodermically gave temporary relief, but the pains recurred. The bowels were moved regularly, and a careful examination detected no cause for the attacks. I do not know what made me suspect syphilis, unless it were the peculiar muddiness of complexion I have mentioned in other cases; but I began the administration of mercury, and prompt relief ensued.

When his physican returned, I found that he had been first called to attend the man on account of a convulsion. This, occurring suddenly, in a middle-aged man, who never had had such a thing before, who was not uræmic, warranted my friend in inferring that his patient was syphilitic, which he found to be the case.

I have already remarked that it is well if the physician do not end by seeing syphilis in every case he meets. Men are prone to get into grooves. One man sees nothing but digestive troubles; the patients of another have always renal disease. The specialists refer every abnormal sensation to their favorite regions, and some gynæcologists seem to be unaware that there are any other organs in a woman's body besides the womb and its appendages. So, also, physicians who see many cases of syphilis are apt to refer every case to it. I subjoin a case of this sort which came under my notice.

A young wife had during the five years of her married life grown gradually weak. She had had a very doubtful miscarriage, and her husband acknowledged having had syphilis many years previously. On the strength of this she was pronounced syphilitic by a physician who had enjoyed a very large practice in that disease. Three months vigorous mercurial treatment left her much weaker, with no improvement in any respect.

She was then sent to me by her physician for a diagnosis. I found her profoundly anæmic. Her blood showed great deficiency in red corpuscles when examined with Hayem's complete globule. Exhaustive examination failed to detect disease in any organ, capable of producing the anæmia. Digestion was fairly good, appetite good, bowels costive. Her weakness was so great that a walk of a square was the limit of her strength. There was no evidence or history of iritis, syphilitic rheumatism, sore throat, eruptions, or enlargement of glands.

The anæmia antedated the supposed miscarriage, and even her marriage. Little improvement followed the discontinuance of the mercury. The only other feature in the case was an eruption resembling chloasma on several parts of her body.

The case was clearly not syphilitic. Excluding all other possible causes for the anæmia, I was forced to the conclusion that it was a case of Addison's disease, and I afterwards found that the attending physician had arrived at the same diagnosis independently.

HYOSCINE HYDRO-CHLORATE AND SOME OF ITS PHYSIOLOGICAL ACTIONS, THERAPY AND ANTAGONISTS.

BY G. W. MANN, M.D.*

THE drug which I have under consideration is one whose history is scant; in fact there is but very little in the English medical literature to guide one in its use. My notice was first called to it through the reading of a paper by Dr. Wetherill at a meeting of the Neurological Society, of Philadelphia, in the month of October, 1885. This important therapeutical agent was discovered by Landenberg, of Germany, who was likewise the first to investigate its properties. Hyoscine is prepared from the alkaloid hyoscyamine by treating it (the hyoscyamine) with Baryta water. The alkaloid thus obtained is, in its pure state, volatile and perishable. It is therefore necessary for its preservation and use to combine it with an acid, which combination forms salts of moderate pharmaceutical stability. The salts of hyoscine, which at the present are obtainable are the hydrochlorate, hydriodate, hydrobromate, and sulphate. Owing to the small demand which has been created by the limited use which has been made of it by the general medical practitioner, its salts are hard to procure. Its best preparations are those made by Merck, and the hydrochlorate can be obtained from Mr. Belt, of this city. It is this salt of hyoscine to which my experience has been exclusively confined. When seen under a microscope of low power it somewhat resembles in looks and outline tapioca. It appears to be without any definite form of crystal, and looks as though it had been stirred while evaporation or precipitation were taking place. It is opaque, and when exposed to the air is deliquescent, but not efflorescent. It is freely soluble in water. The dose is from $\frac{1}{120}$ to $\frac{1}{60}$th of a grain. I will state here, that while I have found reasons to differ in opinion, and somewhat conflict in observation with the views of those who have used the hydrobromate, I do not think it is because the observations were wanting, but from the reason that the different kinds of acids used to form its salts give different physiological results.

The next point under consideration is some of its physiological actions. The first time I used the drug was in a typical case of melancholia, for the relief of the insomnia which was present and persistent. Patient's age forty; sex, female. The dose administered was the $\frac{1}{120}$th of a grain at bedtime, the administration of which was followed by five hours' sleep. Now, I had been in the habit of giving this same patient sixty grains of pot. brom. combined with one-quarter grain of morph. sulph., and even with this large dosage the patient would receive but from three to five hours repose. Before saying anything further, allow me to call your attention to my own case, and the effect produced by the $\frac{1}{120}$th of a grain of the hydrochlorate. Before taking the drug my pulse was 90, which is normal for me. Temperature normal, respiration 20, pupils normal. Eight minutes after taking the drug the pulse was 94; respiration 24, quick; pupils unaffected. There was a slight glow, a feeling of warmth, with a sparingly increased flow of saliva. Within twenty-five minutes the pupils were moderately dilated, the pulse normal again and the respiration 20 a minute. During the stage of excitement there was likewise present a feeling of well-being. After a half hour had elapsed I began to feel drowsy and sleepy, which feeling I gave way to, and retired. To do this I was compelled to walk from a lower to an upper room, by the time this had been accomplished the drowsiness had disappeared, but after lying quiet in bed for a few minutes the feeling gradually returned, and within ten or fifteen minutes I was asleep. I experienced no inconvenience in locomotion, there was no perspiration, and the voice remained normal.

This, in some respects, is quite a different action to that produced by the $\frac{1}{120}$ of a grain of hyoscine hydrobromate, taken for experiment by Dr. Wetherill, "for," says Wetherill, "forty-five minutes after taking the $\frac{1}{120}$th of a grain of hyoscine hydrobromate, the pupils were moderately dilated, the voice hoarse, face suffused, conjunctiva injected, temperature 99½, respiration 16 per minute, which was formerly

* A paper read before the annual meeting of the Delaware State Medical Society, at Wilmington, Del., June 8, 1886.

20, the pulse 64; impaired coördination, with a feeling of wretchedness and a copious perspiration."

On one occasion, and in the case of melancholia before referred to, the patient was ordered $\frac{1}{60}$th of a grain of the hydrochlorate at bedtime, which was followed by the $\frac{1}{120}$th within an hour. The reason for this was from the fact that she was more excited during the day than usual, which excitement was due to the appearance of her monthly flow. The $\frac{1}{60}$th was given at 10 o'clock P.M., her usual bedtime, but, as she could not be persuaded to go to bed, on account of the fears she had of sudden death, saying if she did go to sleep she would never awake again, and, as she continued to persistently walk her apartments and thus fight off sleep, I thought it best to give her an additional dose of a $\frac{1}{120}$th, providing it was necessary.

Some time after taking the first dose she became quieter, and when the hour had expired she was in bed, but awake. The $\frac{1}{120}$th was given, and she was soon in the arms of Morpheus. About 3 o'clock in the morning the family was aroused by a noise below, and upon going down stairs the patient was found staggering about the room much after the fashion of a man who has just arrived from his club, and is trying to make as much quiet noise as possible. I was sent for, and upon examining the patient found her temperature normal, pulse 76, respiration I did not take, pupils dilated. The voice was not hoarse, but articulation was impaired; there was impaired coördination, in fact, her whole general appearance and actions were those of a drunken man. This condition was not followed by any perspiration, as far as I was able to ascertain from the statement of the patient, and likewise that of her mother. I had her returned to bed, and within ten minutes she was asleep again, and continued so to remain until 8 o'clock the next morning, when all the effects of the drug had disappeared, except the dilated pupils, which also had gone by 2 o'clock in the afternoon.

Another female patient of the melancholic type, who was unable to sleep, took by mistake on her part, the $\frac{1}{30}$th of a grain. The dose was taken about 11 o'clock P.M. She conversed with her husband for awhile and then fell asleep. At or near twelve o'clock the husband was aroused from his slumbers by her head falling upon his face, and upon speaking to and otherwise trying to arouse her, he received no reply, but, upon turning up the light, he noticed that she was lying in a cramped position, with her knees drawn towards the chin, and that she had convulsions. When I reached her bedside, I noticed choreaic movements, or convulsions, resembling those produced by strychnia; these movements would last about three minutes, and recur at short intervals, but they were unlike those of strychnia in not being excited by touching or pinching the patient. The pupils were widely and fully dilated, the pulse 72 and compressible, the respiration 14. I do not know the temperature, as I did not have a thermometer with me, but the extremities felt cold to the touch. There was a complete loss of voice. The convulsions had disappeared within an hour, and I was enabled to tell, by holding my ear close to her mouth, some few things she said, such as "water." After the convulsions had disappeared and the voice had become more distinct, there were illusions and hallucinations. The muscular system was in a complete state of paresis; but, while all these alarming symptoms were present, the heart remained steady, there was no alteration in its rhythm, no intermission whatever, either half or complete, and the respiration was but very little lowered. The faculty of comprehension, although impaired, was sufficiently preserved to comprehend the meaning of a request. Again, she could be aroused with but very little effort. On the following morning she was able to walk about her room, and by the time the evening hour had arrived all signs of the drug had gone.

Now, in summing up the physiological actions of the drug as studied from the cases mentioned, we have a remedial agent, which, when taken in small doses and dissolved in water, makes very little, if any, impression on the sense of taste. It diffuses into the blood with rapidity, causing at first a slight increase in the pulse rate and respiratory movement, the respiration being increased in greater proportion than that of the pulse.

There is a feeling of warmth, a glow, which is caused, no doubt, by a greater amount of oxygen being taken into the lungs by the increased respiratory movement. There is a sparingly increased flow of saliva, with a feeling of well-being. This is the stage of excitement, and, after it has passed, the pulse and respiration are normal again. The pupils, how-

ever, remain dilated by its action upon the sympathetic, which nerves pass through the ophthalmic ganglia to the ciliary muscles and axis. Its action upon the vaso-motor nerves is, no doubt, the cause of its hypnotic, or sleep-producing properties. These nerves govern and control the calibre of the bloodvessels, therefore by its action upon this system it causes a contraction of the arterioles, and the amount of blood supply to the brain is diminished. The sleep produced is calm, dreamless, and refreshing. It is unlike the sleep of a narcotic, as the patient can be easily aroused, and will quickly and without difficulty fall asleep again. There is no nausea or constipation produced by it, no habit is formed, and, unlike most drugs of its kind, whether they be hypnotic or narcotic, that condition of things known as tolerance is not established. Some other of its cerebral effects when large or full doses have been taken are marked and noticeable. Its action upon the muscular system, causing an incoördination and paresis, is no doubt due to its effect upon the motor nerves, whose normal excitability it suspends, chiefly producing the effect mentioned. The convulsions which result from a large dose are spinal, for, in the case mentioned, where convulsions occurred, I did not notice any twitching of the muscles of the face, but they were more particularly confined to the hands and forearm, with a tendency to draw the knees towards the chin. It, therefore, excites an aggravated reflex sensibility of the nerves, supplying the muscles concerned in the movement. The sensory nerves are also affected by large doses, so far as slight irritation is concerned, such as pinching, pricking the patient with a pin, or pulling the hair. The sense of hearing is somewhat diminished, but by speaking to the subjects in a raised voice, which need not be of a high pitch, they will understand and comprehend the meaning of a request. The voluntary muscles are not affected. Hyoscine hydrochlorate is in all probabilities eliminated by the kidneys, as I have seen no case in which the bowels were disturbed or the skin acted upon. It may, however, be eliminated by the breath, as the alkaloid when free is very volatile.

Therapeutically, hyoscine and its salts are a boon in the treatment of the insane, either in the stage of excitement or as a hypnotic. It not only has gained for itself the reputation of being the best drug to use in the insomnia of insanity, but I have received good results from its use in sleeplessness, no matter from what cause it may arise. The insomnia of alcoholism is with its use, as a rule, quickly dispelled. In these cases it will give better results if the portal circle and alimentary canal are unloaded previous to its use.

An habitual drunkard, who after a prolonged debauch was tremulous and unable to sleep for a period of five days, was given in six hours, and in divided doses, the $\frac{1}{16}$th of a grain. In a few hours after it had been taken he fell asleep, and so continued to remain for eight hours, while the tremulous condition and "horrors" had disappeared before. The insomnia did not return. This patient told me that he never had in his whole experience with alcoholic stimulants received such quick and permanent relief from medicine. It is comparatively free from danger in this class of cases, where, from the habits of the individual, there are reasons to suspect a fatty heart.

In the treatment of hysteria it is a boon. In a case which came under my notice, the symptoms simulated hernia to such a degree that I thought she was the victim of a concealed hernia. I gave by the hypodermatic method three-quarters of a grain of morphia sulphatis, guarded with atropia, all within an hour and a half, without relief or abatement of the symptoms. I then resorted to the use of chloroform, a few inhalations of which brought the return of her senses, and she pleaded with me not to give any more, her reasons being that she had near died in a dentist's chair from its effects.

The next time I was called, which was within a day or two of her period, the same symptoms were present. I used the hyoscine hydrochlorate. The $\frac{1}{60}$th of a grain dose was sufficient to cause sleep within twenty-five minutes, and the hernia, which had only existed in her mind, was reduced before this time.

In hypochondriasis, attended with excitement, the $\frac{1}{60}$th of a grain dose will antagonize the condition present and produce a quiet state of things. This same dose will, in the majority of cases, if given at bedtime under the above circumstances, produce sleep.

In a case of gastritis of the chronic type, where the patient had been unable to sleep for months, that is to say, without the use of large doses of opium, etc., was given $\frac{1}{120}$th of a grain of the

hydrochlorate regularly at bedtime, and after a period of fourteen days he was able to gain the normal amount of sleep without any further use of drugs. In this case the habit was broken up, the only bad results being the continued dilatation of the pupils, which remained four or five days after the withdrawal of the remedial agent.

Some of the effects of hyoscine are antagonized by chloral. In the case mentioned where the $\frac{1}{30}$th of a grain was taken, by a mistake on the patient's part, producing convulsions, loss of speech, illusions, and hallucinations, chloral was used in ten-grain doses every fifteen minutes until the convulsions had disappeared, which was within an hour after the first dose of chloral had been given. After the convulsions were suspended the chloral was given in ten-grain doses every hour until ninety grains had been taken. Now the chloral antagonizes the hyoscine by diminishing the excitability of the spinal nerves, while hyoscine excites and aggravates them. It seems to me that when an excessive dose has been taken, that is, one sufficient to produce death, animation would be suspended by failure of the respiratory apparatus, for both in large and small doses the hydrochlorate acts with more force on the respiratory movement than on the heart. Under these circumstances faradism, so applied as to excite the muscles concerned in the movements of respiration, would go far to prevent death by antagonizing the action of the hyoscine.

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ON THE NECESSITY FOR ADDITIONS TO THE MEDICAL JURISPRUDENCE OF MENTAL DISEASES.

BY EDWARD C. MANN, M.D.

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THE true clinician and practical alienist has the liveliest interest in procuring for medico-legal science that influence for the consideration of the mental condition in the adjudication of legal questions which it ought to receive, considering the great progress made in psycho-pathology. There is a very gratifying disposition on the part of judges of United States Courts to-day not to withhold their confidence from the psychological deductions of practical alienists; and a tendency not only to direct the psychiatric expert to explain the disturbed mechanism of the mental process, but also to abide by his opinion whether the accused was suffering from incapacitating weakness or derangement of mind caused by disease. We would express as strongly as possible our opinion that the loss of self-control caused by mental disease ought to remove responsibility.

When we are called upon to give an opinion before an inquisition, it is as to whether a man is capable of taking care of himself and his affairs. Respecting testamentary capacity, whether a man was capable of making a reasonable will, and in criminal trials, whether the act was the product of mental disease.

It will be our object in this paper to lay down a series of propositions as to what constitutes incapacity, and as to what the real test of irresponsibility is. The medical profession have sufficient power and influence, if they would unite, to make a radical change in the rules which constitute the law of insanity in relation to crime.

The present law of New York and of many other States, makes the want of ability to discriminate between right and wrong the test of mental unsoundness. Nothing could be more absurd and unscientific, and unreconciled to the present state of medical science. Especially in the late case of Dr. Beach, of Towanda, Pa., do we see a miscarriage of justice in condemning to death a man who was as clearly out of his mind, according to the history of his life, furnished by the writer to the governmental authorities of that State in an effort to save his life, as any of the patients confined within the walls of any asylum in the State of Pennsylvania. There was a remarkable hereditary predisposition to insanity in the prisoner's ancestors, on both the paternal and maternal side. Dr. Beach had twelve blood relatives insane or idiotic. He had been markedly insane since he was eighteen years old. The writer made the strongest personal appeal for Dr. Beach's life, and also obtained from several physicians of good standing certificates of their treating Dr. Beach while insane, but it availed nothing.

After the execution the brain was removed and sent to Dr. C. K. Mills, of Philadelphia, and the result of his examination confirmed the life history of the man.

We are glad that there is one judge in the State of Pennsylvania, Hon. H. J. Reeder, of Easton, who is enlightened enough when such unfortunates are brought before him to charge the jury that "if the act was the product of mental disease, they should return a verdict of not guilty on the ground of insanity." We trust the time is not far distant when every judge, in every State, will charge substantially the same thing. A man may know right from wrong, and yet he may be perfectly insane, and laboring under such a degree of mental disease that he is utterly unable to resist or strive against his impulses.

Judicial decisions will never obliterate the facts of psychiatry. A punishable action does not exist, if at the time the action takes place the perpetrator is in a condition of unconsciousness or disturbance of mind by disease, which would exclude a free determination of will. A sane man is one whose senses bear truthful evidence, whose understanding is capable of receiving that evidence, whose reason can draw proper conclusions from the evidence thus received, whose will can guide the thought thus obtained, whose moral sense can tell the right and wrong of any act growing out of that thought, and whose act can at his own pleasure be in conformity with the action of all these qualities. All these things unite to make sanity. The absence of them is insanity.

These rules should be accepted by the light of our modern mental pathology as amendments to existing laws:—

If the jury in any case believe, from all the evidence in the case, that a given act was committed by the prisoner in a state of insanity, they should acquit him on that ground.

To connect threats with an overt act, the jury must find that they were uttered maliciously, seriously, with the intent to execute them in accordance with the purpose expressed by the prisoner in a state of sanity; and that the overt act occurred in pursuance of those threats.

Under any circumstances the jury must find, in any given case, that any threats and acts in question were the product of a sane mind.

If there is a lack of malicious purpose, of depravity of heart and a diseased understanding or will, there is a lack of the essence of crime.

When there is a defect of mind the will does not join with the act. If disease of the body affecting the mind deprives a person of a determination of his choice to do or to abstain from a particular act, there is loss of responsibility entailed in that person by reason of physical disease, viz., insanity.

The primary part of any case of the prosecution, in any case where insanity is alleged as a defence, to be established to the satisfaction of the jury beyond any reasonable doubt is, that a person accused shall be possessed of an intact intellect, shall have shown evil design, and that he has not been deprived by disease of the power of choice, or of moral liberty, and that the act was not the outcome of disease; and the sanity of the prisoner's mind is to be made out affirmatively by the prosecution as a part of their case.

Disease of the mind may deprive a man of understanding or of liberty of will, and may make him, therefore, incapable of appreciating the obligation of law, and should deprive him of his liability to punishment for violating laws which, by reason of diseased intellect, emotion, or will, he may not have the capacity to obey. In respect to a given act, such a man has not the normal consent of his will. Lord Hale says: "The consent of the will is that which renders human actions either commendable or culpable; as where there is no law there is no transgression, so, regularly, where there is no will to commit an offence there can be no transgression or just reason to view the penalty or sanction of that law instituted for the punishment of crimes or offences; and, because the liberty or choice of the will presupposeth an act of the understanding to know the thing or action chosen by the will, it follows that, where there is a total defect of the understanding, there is no free act of the will in the choice of things or actions." Therefore, no man can commit a crime unless he has the control of his will. An unwarrantable act without freedom of will is no crime at all.

An individual should be exonerated from liability for his act where, although he knew right from wrong, he was overborne by an impulse he could not control—where he saw the wrong, perhaps, but had no power to abstain from the act.

In any given case, even if the evidence as to the insanity of an individual should leave it in doubt as to whether he was insane or not at the time of the commission of the alleged act, the individual is entitled to an acquittal. If the

jury entertain a reasonable doubt as to the perfect sanity of an individual at the time of the commission of the alleged act respecting such act, they are bound to acquit him.

If an individual is, as the result of disease, temporarily thrown into a state of excitement in which he is divested of his reason and judgment, and is deprived of his mental power to an extent placing him beyond the range of self-control in reference to the particular act charged against him, so that he could not possibly restrain himself from the commission of the act alleged against him at the very time of its commission, he is entitled to an acquittal. Was he, at the very time of the perpetration of the deed, rendered by disease incapable of reasoning upon what he did, or of refraining from the commission of the deed?

In moral insanity, or affective insanity, the affections, passions, and emotions are affected by disease, while the intellect may be, as far as we can discover, unimpaired. The mental diseases to which these terms of moral or affective insanity are applied, are real, undoubted diseases of the mind, controlling human action. Bucknell and Tuke, of England, in their manual of psychological medicine so held.

The knowledge of right and wrong with regard to any particular act is no test at all of insanity or mental responsibility. Fully one-half of the insane in asylums to-day perfectly appreciate this difference as well as sane persons do.

"No act done by a person in a state of insanity can be punished as an offence, and no insane person can be tried, sentenced to any punishment, or punished for any crime or offence while he continues in that state." (See Revised Statutes.)

Insanity being thus established as an absolute bar to a criminal prosecution, which forbids responsibility for a crime or offence committed while in that state, it is immaterial how long the insanity exists before or after the commission of the act. It is enough that it existed at the time of its commission. If mind is obliterated or diseased for any length of time, however short, it is a good reason for recognizing unaccountability.

If some controlling disease is the acting power within any individual which he cannot resist, that individual is not responsible. We must remember that the moral as well as the intellectual faculties may be so disordered by disease as to deprive the mind of its controlling and directing power.

Judge Edwards has said, "In order to constitute a crime, a man must have memory and intelligence to know that the act he is about to commit is wrong; to remember and understand that if he commits the act he will be subject to punishment; and reason and will to enable him to compare and choose between the supposed advantage or gratification to be obtained from the criminal act, and the immunity from punishment which he will secure by abstaining from it. If, on the other hand, he has not intelligence and capacity enough to have a criminal intent and purpose, and if his moral or intellectual powers are so deficient that he has not sufficient will, conscience, or controlling power, or, if through the overwhelming violence of mental disease his intellectual power is for the time obliterated, he is not a responsible moral agent, and is not punishable for criminal acts." It will be seen that the learned judge had very correct conceptions of mental pathology, as in these remarks he includes intellectual insanity, moral or affective insanity, and temporary insanity. He correctly recognizes that the perception, emotions, and the will may be affected as distinct from the intellect. Also, that the absence of the power of self-control, the result of disease, is an essential element in responsibility.

There should be immunity resulting from a recent or sudden cause, which may deprive an individual of the power of choice, of moral liberty, or of mental freedom in regard to a given act.

In a given case, if an individual at the very time of the commission of an act alleged against him, from causes operating for a considerable length of time beforehand, or recently or suddenly occurring, is mentally unconscious of the nature of the act in which he was engaged, he is legally irresponsible for it. The state of mind at the time of an act is to be looked at in determining the character of such an act. To put such a test to a jury as the ability or capacity to distinguish between right and wrong is no standard as to whether a man is or is not sane or insane. Most of the insane, when they commit crime, are carried away by ungovernable feelings, and most of them can distinguish between moral right and wrong. They are, nevertheless, totally irresponsible, criminally, for their actions.

When the mind is in a state of frenzy a man

is deprived of his moral liberty, is deprived, by the uncontrollable influence, of all control over his will. The intellect may condemn an act which the will is powerless to restrain.

[Continued in September number]

CONGESTION OF THE BRAIN.

BY J. S. BEAMENSDERFER, M.D.

THE following case is reported to show the length of time life may be preserved in an unconscious state, with neither food nor drink:—

Mrs. F., aged 70 years, was found in the yard attached to her house in a prostrate and semi-comatose state, at seven o'clock on Tuesday morning, April 14, 1885. She was aroused with difficulty, and when spoken to answered incoherently, saying that she became dizzy and fell. Assistance was obtained, and she was taken to the house, and, finally, to bed. She rapidly became more and more comatose, and later in the day, when I was called in, she was fully unconscious. I tried to get her to swallow but without avail, even when water was dropped on the back of the tongue, she made no effort to swallow. She vomited frequently during the first day and night. Pulse was round and full, but very feeble and slow the first day, and gradually increased in frequency and decreased in volume until the sixth and seventh days, when it became very small and feeble, so much so that it could scarcely be felt at all.

Respiration was labored and but slightly stertorous and exaggerated. Mouth wide open and nostrils dilated. Temperature elevated and varied, being higher in the right axilla at first, and finally lower, as can be seen in the following table, which I deem very interesting as showing the changes of temperature that took place in regard to both axilla:—

TEMPERATURE.

DAY.	HOUR.	RIGHT AX.	LEFT AX.	RESP.	PULSE.
1st.	6 P.M.	101	100	25	64
2d.	9 A.M.	100.5	100.5	26	68
2d.	7 P.M.	99.5	98.8	26	92
3d.	9 A.M.	98.8	99	29	96
3d.	10 P.M.	99.3	99.5	20	84
4th.	9 A.M.	98.8	99	22	96
4th.	9 P.M.	99	99	22	100
5th.	9 A.M.	99	99	23	88
5th.	7 P.M.	97.8	98.8	21	90
6th.	10 A.M.	97.8	98 5	22	100
7th.	9 A.M.	99	99.8	30	129
7th.	7 P.M.	99.5	100.3	33	116
8th.	7 A.M.	100.3	101.3	38	132

Eighth, 4 P.M., died; one hundred and seventy-seven hours from the time she was found in the yard.

The right side was paralyzed; the face and tongue were drawn to the left. Although there was complete muscular relaxation, feeble movements could be excited during the first and second days. Free perspiration and a free action of the kidneys were present. Urine passed involuntarily in large quantities. Both pupils were minutely contracted, and her eyes were deeply injected. Severe conjunctivitis developed on the third day. An autopsy was asked for, but refused.

PENN, PA.

HOSPITAL REPORTS.

CHARING CROSS HOSPITAL.

UNDER MR. J. ASTLEY BLOXAM, F.R.C.S.

Displacement of the Tibia on Right Side, Outwards and Backwards, as Result of Disease.—Margaret C—, age 16, was admitted on January 24th with the following history: Nine years ago she fell down stairs, but did not call attention to it, and it was only when her leg began to swell that her mother noticed it. Six months later, the leg continuing bad, she was taken to Kings College Hospital, where she remained under treatment two months; when she left the hospital her leg was straight but she was unable to walk without crutches. She gradually, however, recovered strength in the limb to some extent, but in trying to dispense with the crutches the right leg became bent, and this increased as time went on, but she had no further advice. Patient was born and brought up in London, and says she has always had sufficient food and clothing. Her brothers and sisters are healthy. She has not yet menstruated. On taking measurements, the distance from the head of the fibula to the external malleolus, on the right side was twelve and a half inches, and on the left sixteen inches. From the internal malleolus to the tip of the big toe, right side seven inches, left side seven and three-quarters inches, while from the anterior superior spine of ilium to sole of foot, right side thirty-three and a half inches, left side thirty-seven inches. The right leg was of less size generally. The patella is fixed on the right side, and the tibia is displaced outwards and backwards, and the inner hamstrings are

very tense. Patient can flex her leg to a little beyond a right angle, and can extend it to an angle of ninety degrees. There is no fluctuation, and very little pain. Temperature normal. On February 7th, patient being under the influence of ether, Mr. Bloxam made a small incision just along the external border of the patella, when he found it was firmly adherent to the external condyle of the femur, but after a little trouble it was shifted, and an attempt was made to straighten the leg, but this did not succeed, owing, it was thought, to the contraction of the hamstring tendons, so tenotomy was performed, and another attempt made to put the leg straight, but again did not succeed. Mr. Bloxam then continued his external incision, converting it into a semilunar incision and excised the knee-joint, afterwards wiring the tibia and femur together with metal sutures. The wound was then sewn up with horsehair and drainage-tubes put in, the whole operation being performed under strictly antiseptic precautions, and an antiseptic dressing applied. In the evening recurrent hemorrhage set in, and Mr. Bloxam had to be sent for, a tourniquet was placed on the common femoral artery, and ice-bags applied to the knee. Some six ounces of blood escaped. The dressings were then reapplied, and an ordinary T-shaped splint. Temperature next morning 101° Fahr. Pulse 120. 9th.—The dressings were removed again to-day, and some blood was still present. 11th—Temperature this morning 102.6° Fahr.; tepid sponging ordered. Patient complained of a good deal of pain in site of operation. 12th—Pain is less, and the temperature is now 99° Fahr. Patient looks brighter. 15th—Temperature 100.2°; the wound was redressed this afternoon and some of the stitches removed. There is a good deal of discharge from the wound and some slight pain. Tongue is furred with red papillæ. 19th—To-day Mr. Bloxam fixed the leg in position by means of bags of plaster of Paris. The drainage-tubes were discontinued. The leg feels more comfortable. 25th—The wound was redressed yesterday afternoon, and a pad of lint was placed under the heel. The wound looked quite healthy and sweet. Temperature 100° Fahr.; pulse 116. March 8th—The wound is now almost completely healed. Patient was discharged on the 15th.

Urethral Calculus; Stricture of the Urethra Posteriorly; Lithotomy Performed Five Years Previously.—Edward S—, aged 34, laborer, was admitted on November 7th. He had gonorrhœa when sixteen years of age, which was cured, and on one occasion a stoppage of the water was relieved by the passage of a small stone. Three years later he contracted a second attack of gonorrhœa in China. Eighteen months afterwards he was in the hospital for three months with pain in the region of kidneys, relieved when vomiting was induced. In 1877 he went into the hospital at Montreal, on account of a difficulty in passing water, when, on examination, a stone was detected in his bladder. He was operated on, and a stone about the size of a walnut removed. He returned home in December of that year and then drank freely. He noticed that he was unable to hold his water more than a short time, and on passing it, felt a pain in the urethra and at end of penis. He has a penile fistula, which was left after the operation, and water often escapes by that aperture, preceded by a yellow discharge. 9th—Examined under ether, a stone was discovered impacted in the urethra, which on removal was seen to be about the size of a small bean. A stricture which was situated behind the stone was divided and a No. 9 silver catheter left in. Evening temperature 101.4° Fahr. 11th—Carbolic acid dressing was applied this morning. The silver catheter came out in the evening, and was replaced by a No. 6 gutta percha. There is not much discharge, and the wound appears to be healing rapidly. Temperature 100.8° Fahr. 13th—Patient complains of feeling thirsty, but he has slept well. His urine contains a small quantity of albumen. Temperature 102.4° Fahr. The abscess increased rapidly in size since yesterday, and to-day discharged a considerable quantity of sanious pus. 14th—He complains of great pain in the hypogastric lumbar regions, and occasionally in the back. The abscess is still discharging freely, and there is some scalding on micturition since the catheter was removed. His urine has specific gravity 1010, alkaline, and contains mucus and pus. 15th—The patient was anæsthetized this morning, and a silver, No. 9, catheter introduced. He felt much better after this was done, the pain and tenderness being much less. 21st—He has been much better the last few days, and has no pain whatever. No urine passes from the wound, and the catheter has remained in. 29th—The patient complains of pains between the buttocks.

The urine is quite clear and the wound discharges a small quantity of healthy pus.

The wound ultimately healed up and the patient was discharged on December 15th.

Sloughing of Dorsum of Foot after Injury.—Benjamin S—, aged 42, packer, was injured ten days ago by a packing case falling on his foot. He took no notice of it at the time, but about a week later he could not get his boot on because of the swelling. He applied to his club doctor, who at first told him to poultice it, and subsequently cut into it and evacuated a quantity of pus. From this incision the skin gradually sloughed away and spread until, at present (March 12th), the whole of the outer side of the left foot is covered with blackish sloughs mixed with pus. There is an aperture in the lower and outer part of the foot filled with necrosed tissue. The foot was washed with warm boracic lotion, and as much as possible of the sloughs removed. 14th—The surface from which the skin has sloughed is granulating, and the process does not appear to be spreading further. The patient looks well and has a good appetite. 20th—The patient's general condition continues good and he sleeps well. The granulation is going on satisfactorily. 26th—This morning his temperature went up to 103.5° Fahr., and he looked flushed. He perspired freely, and his urine was scanty and thick. 28th—The temperature is still high, and red lines are visible in the course of the lymphatics on the outer side of the limb. Patient is thirsty, but says he feels well otherwise. April 1st—Patient died to-day from exhaustion.

Compound Comminuted Fracture of Lower Third of Left Tibia and Fibula; Delirium Tremens; Extensive Sloughing of Wound; Death.—Henry A—, aged 40, potman, was admitted on November 4th, having fallen down stairs. He was found to have a compound comminuted fracture of the tibia and fibula at their junction with the lower third. The upper fragment protruded about an inch and a half through a wound the size of a shilling. The displacement was remedied, and the limb put up on a back and side splints, the wound being dressed antiseptically. 5th—The dressing was changed this morning, his temperature last evening was 99.4° Fahr.; pulse 132. Patient is very tremulous, excited and nervous. He wanders rather in talking, but will answer sensibly when questioned. His tongue is furred and his hands are tremulous. He was ordered ♏xv of liquor opii sedativus night and morning. 7th—The antiseptic dressing was changed to-day. Several large bullæ had formed over the surface of the leg, which were opened. Mr. Bloxam saw the patient in the afternoon, and, as the limb was very tense and œdematous, he made six or eight incisions into it. The patient did not seem to notice any pain, and appeared drowsy. Temperature 101.4° Fahr. 8th—A slough formed in the wound, and was removed, exposing the lower end of the upper fragment. The patient seems a trifle better to-day and answers questions. Temperature 102.6°. 9th—The patient is very weak, and a large triangular slough was formed around the original wound, which is dressed with warm carbolized gauze every four hours. Temperature 101.8° Fahr.; pulse 138; respiration 40. 10th—On removing the slough, the seat of the fracture became visible. It extended right across at the junction with the lower third, and a large fragment was splinted off the inner side of the upper fragment. The cavity was syringed out with carbolized water and the dressing reapplied. 11th—A large slough is forming on the outer side of the ankle; the patient is evidently sinking and is very weak. His breathing is at times quite stertorous. 12th—The slough over the ankle was opened and a large amount of discharge set free. A similar slough is beginning to form on the inner side of the ankle. The pulse is almost imperceptible. 13th—The toes were quite cold this morning and of a purple color. The leg was removed from the splint and wrapped in wadding. The tongue was covered with a thick brown fur, and sordes are forming on lips and teeth. The patient died at 3 P.M. At the *post mortem* examination the fibula was found to be fractured in two places, above, two inches below the head—comminuted; and below, about an inch above the malleolus, also extensively comminuted. The fracture of the tibia has already been described. There were no signs of pyæmia, death being apparently due to exhaustion from the injury, intensified by the delirium tremens.

Ankylosis of Knee-Joint; Forcible Flexion.—Sarah W—, aged 33, married, was admitted on the 10th of September with the following history: Eight years ago she suffered from inflammation of the bursa patellæ of both knees, the right knee however recovered. Some time

after she fell down stairs, straining her left knee, which was still imperfectly recovered from the previous inflammation. The injury was treated by a doctor at the time, but ever since the joint has been growing larger, and is both painful and tender. When she stands upon it, it rapidly swells even more than at present. At first she was able to move her leg easily, but the power was gradually lost, and now only very slight movement is possible either way, the ordinary position being one of slight flexion.

After a day or two of rest in bed the swelling went down, but the joint is very hot and tender. The patient was placed under chloroform and the leg forcibly extended. This proceeding was followed by a good deal of pain and swelling of the joint. 26th—The knee is still swollen and very tender, the slightest movement causing considerable pain; the joint was therefore wrapped in cotton-wool and a plaster-of-Paris bandage applied. 28th—No pain at present except on being moved; patient is able to get up for an hour or two in the afternoon. 30th—Passive movement is to be carefully resorted to every day. October 10th—The patient was discharged with a very fair amount of movement in the joint, which was free from pain.

Case of Comminuted Fracture of the Lower Jaw.—John P—, aged 42, cab driver, fell off his cab about five weeks ago, and the wheel passed over the left side of his face, obliquely, fracturing the lower jaw in two or three places. It was set in the accident room, and he attended regularly for some weeks, but, as it did not appear to be progressing satisfactorily, he was admitted into the hospital on March 17th. There is a good deal of swelling on the right side, and beneath the chin fluctuation appeared to be perceptible. The patient's breath is very offensive. 21st—A small incision under the chin, made this morning, allowed a small quantity of pus to come away. 25th—There is some swelling on the right side of the face and neck, with signs of commencing erysipelas. The patient was therefore put in a special ward. Temperature 103° Fahr. He has had some shiverings, not actually amounting to rigors. Pulse 110; hard and firm. 27th—The erysipelas has spread all over the face as far back as the ears. Patient did not sleep at all last night, but has no difficulty in swallowing. 29th—The face was ordered to be painted with tincture of the perchloride of iron. There is some œdema of scalp, and the patient appears drowsy. 30th—The swelling is very much less to-day, but patient complains of feeling ill all over. He has some tightness in breathing, and at times can scarcely speak. Temperature 100.6°. Pulse 95; hard and firm. April 8th—Patient has now recovered from his attack of erysipelas. A central incisor was removed to-day, as it was lying loose in the fracture at the symphysis, and prevented the fragments uniting. 20th—The swelling at the angle of the jaw has been increasing in size, and yesterday a large quantity of pus was evacuated. Patient is very hoarse to-day, but a slight congestive condition of the fauces and palate was all that could be seen. 27th—Poultices are being applied to the incisions at the angle of the jaw, and there is a good deal of discharge. Endeavors have been made to secure apposition of the fragments by wiring the teeth, but no satisfactory result was obtained. The gutta percha splint was reapplied. May 8th—The teeth have been secured together by means of a fine cord, and the fragments appear inclined to unite. 10th—He was made an outpatient to-day, as matters seem to be going on all right, and there is every hope of proper union. This patient subsequently made a good recovery, with perfect union.

THERAPEUTIC NOTES.

ALOPECIA AREATA.

℞. Tinct. capsici . . . ℥ij.
Tinct. cantharides . . ℥iss.
Spts. frumenti . . . ℥iv.
Aquæ rosæ . . . . ℥iv.
M. Ft. loti.
Sig.—Rub into the affected area night and morning.

ANÆMIA.

Dr. Thomas M. Nolan (Provincial Medical Journal) recommends—

℞. Acidi arseniosi . . . gr. ss.
Ferri sulphatis . . . gr. xx.
Quinia sulphatis . . . gr. xx.
Ext. nucis vomicæ . . gr. v.
Ext. gentianæ . . . gr. xx.
M. Ft. pilulæ No. xx.
Sig.—One pill after meals.

MENORRHAGIA.

℞. Strychnia sulphatis . . gr. ss.
Ext. hamamelis . . . f℥ij.
M. Sig.—Teaspoonful in water four times a day.

CHOLERA INFANTUM.

Professor N. S. Davis recommends—

℞. Acidi carbolici . . . gr. iij.
Glycerine . . . . ℥ss.
Tinct opii camphorata . ℥j.
Aqua cinnamomi . . ℥iss.

M. Sig.—Give to children between six and eighteen months' old from ten to twenty minims after every paroxysm of vomiting, and every hour or two during the acute serous diarrhœal stage.

The important clinical fact must be remembered, that in all cases of copious intestinal evacuations, the urine is liable to become scanty, and that the suppression of such evacuations by opium and astringents often exerts an unfavorable influence upon the function of the kidneys, resulting in more or less complete suppression of the urinary secretions.

This complication can be avoided by the following combination:—

℞. Tinct. digitalis . . . ℥j.
Potassii acetatis . . . ℥iij.
Spts. ætheris nitrosi . . ℥ss.
Syr. simp. . . . . ℥ss.
Aqua . . . . . ℥ij.

M. Sig.—From ten minims to a teaspoonful, according to age, every two or three hours.

In some cases of summer diarrhœa and cholera infantum, after the acute stage has passed, the vomiting ceased, and the intestinal discharges reduced to one in two or three hours, a low grade of febrile action ensues, characterized by thirst, restlessness, and more or less griping pains before each evacuation. In these cases, Professor Davis has found the following emulsion to be of invaluable service:—

℞. Ol. gaultheriæ . . . ℥ss.
Ol. terebinthinæ . . . ℥ij.
Tinct. opii deod. . . . ℥ij.
Mucil. acaciæ . . . ℥ss.
Sacchara alba . . . ℥ss.
Aqua . . . . . ℥iij.

M. Sig.—Direct the nurse to shake the vial, and give to children between eight and eighteen months' old from eight to twelve minims every two or three hours, according to the frequency of the discharges, until the latter become consistent and natural.

When cases of serous diarrhœa or summer complaint have become chronic, and are accompanied by marked emaciation, the intestinal discharges continuing thin and frequent, but without tenesmus or mucus, the remedies should consist of tonics as well as of astringents.

In such cases Professor Davis usually directs—

℞. Phloridzyniæ . . . . ℥ss.
Spts. ammonii aromat. . . ℥j.
Tinct. opii camphorata . . ℥j.
Syr. simp. . . . . ℥ss.
Aqua . . . . . ℥iss.

M. Sig.—To children under two years of age give from ten to twenty minims three or four times a day. The phloridzyne is derived from the bark of the apple-tree root, and is a mild, agreeable and pleasant tonic, while the camphorated tincture of opium supplies the necessary anodyne and astringent influence.

Another formula which is occasionally used by Professor Davis, is—

℞. Morphia sulphatis . . gr. j.
Quiniæ tannatis . . . gr. xx.
Erigerontis canadensis . ℥iv.

Mix and add to one part of boiling water to make an infusion. When it is cold, give one teaspoonful every four hours to a child one year old. This combination has the advantage of being diuretic and tonic, as well as anodyne and astringent.

In protracted cases, accompanied by marked anæmia, excellent results may be obtained from suitable doses of the liquor ferri nitratis after meals and the administration of one of the following powders at bedtime:—

℞. Pulv. opii . . . . gr. j.
Quiniæ tannatis . . . gr. iij.
Hydrarg. cum creta . . gr. iij.
Sacchara alba . . . gr. xx.

M. Ft. charta No. vi.

DELIRIUM TREMENS.

℞. Tinct. veratri viridi . . ℥ss.
Chloral hydrat. . . . ℥ij.
Syr. lactucarii . . . ℥iss.

M. Sig.—One teaspoonful in water every hour.

CHOLERA MORBUS.

℞. Acidi hydrocyanici dil. . ♏xvj.
Tinct. capsici . . . ♏x.
Morphia sulphatis . . gr. j.
Aqua menth. pip. . . ℥j.

M. Sig.—Teaspoonful every hour and a half.

DYSMENORRHŒA.

℞. Tinct. veratri viridi . . ♏xvj.
Tinct. stramonii . . . ♏xij.
Tinct. opii deod. . . . ℥j.
Tinct. cimicifugæ . . ℥iss.
Aqua camphoræ . . . ℥v.

M. Sig.—Half teaspoonful every three hours.

DYSENTERY.

Dr. Samuel H. Singleton (Mississippi Valley Medical Monthly) says—

If called to a case of dysentery within twenty-fours after the attack, and I find tormina and tenesmus very violent, which is generally the case, dejections mucus and bloody, I prescribe three grains quinine every three hours, hot meal poultices to the bowels, and a tablespoonful of the following mixture every two hours:—

℞.	Sulph. magnesia	℥iv.
	Tinct. opii	℥iiss.
	Arom. sulph. acid.	℥iss.
	Water ad.	ℨiv.

M.

Generally, after the third dose of this mixture has been given, all of the above symptoms subside, the stools become serous and are passed without pain. In fact, a diarrhœa has been substituted for the dysentery. When, in spite of the above treatment, the bloody dejections continue mixed with pus, tormina and tenesmus more frequent, asthenia rapidly supervenes and collapse is imminent, a pill given every two hours of the following formula has wrought wonders in my hands:—

℞.	Pulv. opii,	
	Iodoform	āā gr. j.
	Zinc. sulph.	gr. ij.

M.

I have treated twelve cases of dysentery with iodoform in the above combination, seven last season and five this season, and my experience has been highly gratifying, every case having been pronounced out of danger or convalescent before the seventh day of treatment, a majority of them before the fifth day.

CARDIAC DROPSY.

℞.	Sodii bicarb.	℥j.
	Tinct. digitalis	℥j.
	Vini colchici rad.	℥iss.
	Tinct. gentianæ comp.	ℨiij.

M. Sig.—Teaspoonful in water after meals.

HÆMOPTYSIS.

Dr. Horace Dobell recommends—

℞.	Tinct. digitalis	℥ss.
	Ext. ergotæ	℥ij.
	Acidi gallici	℥j.
	Mag. sulph.	ℨj.
	Acid. sulph. dil.	℥j.
	Inf. rosæ acidi ad.	ℨviij.

M. Sig.—Take two tablespoonfuls every two hours.

INFANTILE DIARRHŒA.

The following compound, comminuted, complicated, shot-gun prescription was introduced to us by our friend, Dr. J. P. McGee, and has served a most excellent purpose in the simple diarrhœas of infancy and childhood. It also serves well as a menstruum with which to combine more active remedies:—

℞.	Fluid hydrastis	℥j.
	Fluid ext. geranii,	
	Fluid ext. catechu	āā ℥iv.
	Fluid ext. leptandræ	℥iiss.
	Potass. bicarb.	℥j.
	Acidi tannic	℥ss.
	Bismuth subnit.	℥v.
	Spts. vini gallici	ℨj.
	Ess. menth. pip.,	
	Ess. cinnamonii	āā ℥ss.
	Syr. rhei arom.	q. s. ℨvj.

M. Sig.—One to two teaspoonfuls after each action from the bowels.—*Mississippi Valley Medical Monthly.*

INFANTILE COLIC.

The following is the modification of Dalby's carminative I spoke to you of, from which I have had almost universal satisfaction in the colic of young babies. It beats all the opiates and nauseous doses:—

℞.	Magnes. carb.	℈ij.
	Ol. anisi	♏j.
	Tinct. cardamomi,	
	Tinct. assafœtidæ	āā ♏ij.
	Glycerine	℥ij.
	Aqua menthæ viridis,	
	Aqua camphoræ	ad. āā fℨij.

M. Sig.—Teaspoonful every half hour till child is comfortable.

Of course, this does not preclude warm baths, hot cloths on abdomen, relief of constipation, if present, massage, etc., but it does all opiates and soothing syrups.—Dr. J. P. McGee, *Mississippi Valley Medical Monthly.*

DIPHTHERIA.

Professor DeLaskie Miller recommends—

℞.	Tinct. ferri chloridi	℥j.
	Potas. chlorat.	℥ij.
	Acidi hydrochlorici dil.	♏xx.
	Tinct. capsici	℥j.
	Morph. muriat.	gr. ss.
	Syr. limonis	℥xxij.

M. Sig.—Give a teaspoonful every two or three hours, according to the urgency of the symptoms.

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Philadelphia, August, 1886.

THE NEW YORK MEDICAL JOURNAL'S MUNCHAUSEN CORRESPONDENT.

THE following extract from the New York Medical Journal of July 24th is another sample of the disreputable methods adopted by the New York and Philadelphia specialists in their attempt to prevent the success of the International Medical Congress. We do not know who this patriotic correspondent of the New York Medical Journal is, but he is evidently a combination of Sir Oracle and Baron Munchausen, and would command a high salary as a writer and narrator of border romances:—

"THE INTERNATIONAL MEDICAL CONGRESS.—A well-known American physician writes to us from Berlin, under date of June 30th, that he has lately come in contact with prominent members of the profession in that city,—Bremen, Hamburg, Dresden, Munich, Vienna, and Breslau,—and that everywhere the leading questions were: 'What about the Congress of 1887? Will it be held? Will it be a success? Will you be there? How much reduction will there be in the passage rates? Is it to be managed by homœopaths? Have the dissensions which threatened to wreck the Congress been adjusted? Whom shall we meet whom we know?' etc. To these queries he felt it his duty to answer: 'The Congress will surely be held. Whether it will be a success, cannot now be foretold. I SHALL NOT BE THERE. So far as I know, there will be no reduction in fares to America. The homœopaths have nothing whatever to do with the Congress. The dissensions have not been adjusted in any sense whatever. You will be likely to meet chiefly men whom you do not know by name or fame, since the majority of the best known men in the United States have withdrawn from the Congress because they do not approve of the way in which it is managed.' With but few exceptions,' he adds, 'I found very little inclination to incur the trouble and expense of a trip across under such discouraging auspices. My replies only corroborated previous impressions.'"

PNEUMATIC DIFFERENTIATION.

WHEN the pneumatic cabinet was introduced a few months ago as a panacea for all lung diseases, THE MEDICAL BULLETIN pointed out that its chief value consisted in the fact that by its use the patient was compelled to expand his lungs more fully than ordinarily, and that no physician should be so unwise as to pay two hundred and fifty dollars a year rental for the cabinet, when the same and even better results can be obtained by simply directing the patient to habituate himself to breathe deeply and slowly while pursuing his usual avocations. This view has since been confirmed by so eminent an authority as Dr. William Porter, of St. Louis, Mo. In a recent number of the Weekly Medical Review, Dr. Porter says:—

"Many inquiries have been received during the past few months regarding the pneumatic cabinet and its practical value and application. The writer cannot indorse all that has been said in its favor, although some good has probably been accomplished already. So far it seems to have been little more than aid to deep breathing, which could be done without it. In the hands of a careless or unskilful practitioner it would possibly be a dangerous agent, at least in cases where there was a tendency to hemorrhage.

"Our readers will remember the great results thought to have been obtained a few years ago by the use of Waldenburg's apparatus for condensed and rarified air. If there is one now used in St. Louis the writer does not know of it. His has been idle for several years. We will be very patient with the cabinet till we know more of its actual value in inducing permanent improvement."

A MERITED HONOR.—The Trustees of the Rush Medical College have conferred the honorary degree of M.D. upon Dr. Grant Bey, of Cairo, one of the most esteemed correspondents of THE MEDICAL BULLETIN.

DR. HIRAM CORSON AND THE GYNÆCOLOGICAL SPECIALISTS.

DR. HIRAM CORSON, of Conshohocken, Pa., recently presented a paper before the Philadelphia Obstetrical Society, on the statistics of three thousand and thirty-six cases of labor. This paper, which was subsequently published in the New York Medical Journal, contains such a scathing exposure of the dangers and absurdities of the theory and practice of the advanced gynæcological specialists, who affect to look down upon the general practitioner, that we reproduce it almost entirely:—

"In my secluded country home, with little intercourse with my kind Philadelphia friends, who are so industriously looking into every department of our profession, I was not, until a very few years ago, aware that women in labor were subjected to new modes of management, 'safer to the child, safer to the mother, and in point of time distancing nature so speedily,' that women cried for the new measures, as children are said to cry after some quack medicines. On inquiry, I learned that the forceps were used very often—many, many times oftener, in proportion to the number of cases, than twenty years ago, and that this was done in the early part of the labor, not because nature was inadequate to the work, but because the physician had never hurt himself by using the instruments, and wished to get away speedily, as he had other patients who needed attention; and, though the condition of the lying-in woman would well have permitted him to visit his other patients and return to her in time to aid her if she needed it, still he would not do it, through fear that the child might be born in his absence, or some other doctor be called in his place. Soon after being thus awakened to what was going on, and after learning that the graduate of a month could use the forceps and all the other swift-sure means of speedy delivery, without hurting his hands or spraining his back—of course, the suffering and fate of the woman were of secondary importance—I was anxious to learn all about these advances in the art of midwifery. With this desire I attended the meeting of the American Gynæcological Society, in Philadelphia, a few years ago. There, I heard from the mouth of more than one eminent gynæcologist—men greater than midwives—'Every year I use the forceps more frequently than before;' and the pleased expression of the audience assured the speaker that his sentiments were theirs. There, too, I was amazed to learn—from the experience of these speakers, how numerous were the cases of laceration of the cervix, of the uterus, and of the perineum—so numerous, indeed, that, when coupled with the fact that they were numerous in a positive ratio with the increased frequency of instrumental delivery, and with the other fact that the advocates of frequent delivery with the forceps, in this convention, were teachers of midwifery and also eminent surgeons, skilful to 'repair' these lacerations, so painful, so distressing to women, and that these repairs brought large remunerations to the surgeons from the ofttimes slender means of their patients, I was dazed; I knew not what to say. I could not believe it possible that the earnest gentlemen before me could have conspired to teach this rushing, forceps plan of delivery (without allowing the patient a chance for natural delivery), in order that lacerations should be produced, so that the business of repairing should be brisk and profitable. No, I could not believe it, and yet the wicked thought dashed through my brain, and left an unpleasant sensation there.

"In October, 1880, The Boston Medical and Surgical Journal came to me containing an article by J. W. Elliott, M.D., of Boston, on 'Antiseptics in Gynæcology.' I had heard something about their use by accoucheurs, and when I saw this publication, and from a Boston doctor, too, I was quick to acquaint myself with it, supposing that he would give me the advanced views on the subject; and I was not disappointed. From him was learned the fact, as he believed, that puerperal fever was sometimes produced by the noxious material within the woman—sometimes, indeed generally, by poisonous matter or germs from without, and that these latter were introduced by the finger of the doctor or the nurse. Then came directions to prevent their introduction, as follows:—

"'At the beginning of labor the patient should have a hip-bath; the hair should be cut from the genitals, the vagina and vulva should be washed with soap and disinfected with carbolic acid; next the hands of the doctor and nurse should be absolutely clean.

"'During labor every examination should be

preceded by a vaginal injection of a three per cent. carbolic acid solution, to prevent the examining finger from carrying germs lodged at the vulva, or in the vagina, up to the uterus, which is about to be more or less lacerated.

"'After a normal delivery the vagina should be immediately washed out with a three per cent. carbolic solution, and these injections should be continued twice or three times a day, according to the foulness of the lochia, for nine or ten days.

"'After delivery the uterus and genitals should be considered as a deep and important wound which may heal by first intention, or in which the secretions may stagnate, become putrid, and be absorbed.'

"From Dr. Elliott's paper I also learned that 'Winckel's Hospital, in Dresden, is one grand experiment to perfect this theory. There no one is allowed to examine a patient without first scrubbing his hands with soap and a nail-brush, then disinfecting with a five per cent. carbolic acid solution, and this procedure must be repeated before and after each examination.'

"When I had read all this, it occurred to me that possibly German women were unlike the women of America. How else could I account for the fact that the thousands whom I had attended without antiseptics, and without observing the precautions spoken of, did not all die. As I had never before heard of Dr. Elliott, I concluded that he was a very young practitioner, who, perhaps, had never had many cases to attend, and so I went on in my usual way, taking no razor with me to shave the parts as directed by him, no syringe, no carbolic acid, but let nature go on with her work, pleased to see how steadily and perfectly she accomplished it, as in the days of fifty years ago. Though I plodded on in my accustomed way, all around me, in the cities, from Boston to New Orleans, the air was filled with carbolic acid in lying-in rooms, and the medical journals teemed with directions how to keep the poisonous germs from getting access to the body of the puerperal woman. One writer cautioned against allowing them to enter by the anus while the patient was at stool. How amazing all this seemed to me after having seen three thousand women, subjected to no precautions at all, pass safely through their labors, and in a brief time rise from their beds well, I need not say here. I was about to dismiss the subject, to forget that I had ever read such stuff, when I learned that my Philadelphia friends engaged in obstetrical practice were, to some considerable extent, following the lead of the Germans, and, above all, when I received from my good friend, Dr. Albert H. Smith, whose too early death we deeply regret, a copy of his 'Clinical Lecture on the Relation of Cleanliness to the Prevention of Puerperal Septicæmia,' the necessity to carefully examine the subject presented itself to me. This is an interesting lecture, taking the view of the necessity of vigilant antiseptic measures during all the course of labor, and differing very little from Dr. Elliott's article as to the means to be used. It would scarcely be just toward Dr. Smith to make brief extracts from his lecture, which, from beginning to end, is crowded with opinions and directions, all of which to him were deemed important.

"In view of this wide-spread belief of the eminent teachers and practitioners of obstetrics, that there is absolute necessity to practise the rigid rules looking to a speedy termination of every stage of labor by forcible means, and to the use of constant antiseptic precautions, I am inclined to ask, Is labor a natural process? In other words, can a child be born without the aid of the forceps, and is it necessary, when labor has commenced, that, after a bath, antiseptics should be injected into the vagina—yea, into the uterus—as directed by teachers, and that the physician should at once begin to force open the mouth of the womb by hooking one or two fingers in it and pulling and stretching it, and if this fails, using cunningly devised forceps—dilating forceps—and, when it has been forced open, so that one blade can be introduced, employing that as a lever to stretch it open so that the other blade may be introduced, and the head of the child, though still at the upper strait, be grasped and drawn down, disregarding in this heroic undertaking, rupture of the cervix and the perineum? And, if the child is born alive, must it immediately have its body, and even its eyes, washed with some antiseptic by the nurse, while the doctor without a moment's delay, presses his one heavy hand on the sore belly of the mother and thrusts the other into the vagina, so that, by pressing strongly with the one and pulling with the other, the after-birth—I declare, it is hard for me to get away from these old, now obsolete, words, after-birth and midwife—may be got away, 'so as to prevent flooding?' Numerous

as are these questions, is it necessary that the physician now that the after-birth is away, should stay by the bedside, pressing down on the tender womb for two hours, as directed by teachers? And when the labor is progressing naturally and well, is it necessary that the doctor 'have at the side of the bed, during all the time of his manipulations a dilute Labarraque solution, and dip the finger in it every time before a touch be made, and from time to time bathe the genitalia with a cloth wrung out of the liquid, and, as the head passes keep the cloth in continuous contact with the tissues?' And, after the labor is accomplished, is it important to the safety of the mother 'to wash out the uterus with a carbolic solution or with hot water at 115 or 120° Fahr., either chlorinated or acidulated with vinegar about twenty-five per cent.' as recommended by Dr. Albert H. Smith in his recent work? The answer to these questions will be found scattered here and there through the following pages. It appears to me that many persons who report the doings in foreign hospitals and urge their adoption here, when they themselves really have never tested such practice, and know little of its danger, assume a great responsibility, indeed, sometimes imperil the health, if not the lives, of those on whom such measures are practised. In the Philadelphia Medical and Surgical Reporter, of March 28, 1885, Dr. W. O. Stillman, of Albany, N. Y., has an article in which he describes the precautions taken by Professor Carl Braun, of Vienna, to prevent infection to the lying-in woman. After urging every possible care to disinfect everything needed to be near to the woman prior to examination, he thus speaks: 'As soon as the after-birth is removed the vagina is washed out high up with a two per cent. solution of carbolic acid at the temperature of the room. About one gallon of the solution is used, and the injection is given by means of a huge glass fountain syringe. Almost as soon as the child is born, and often before the cord is cut, its eyes are syringed out with a two per cent. solution of nitrate of silver.' Dr. Stillman doubtless believes he has given valuable information to the thousands of American practitioners. He has us on trial. Dare we refuse to follow Carl Braun? This brings me to the inquiry:

"Are antiseptic solutions, when thrown into the vagina and uterus, safe? I do not know. I have never used them in my three thousand and thirty-six cases in which scarcely half a dozen women suffered from puerperal fever, peritonitis, and pelvic abscess taken together. That answer might excuse me from anything more, but, as I regard the measures now urged —one and all, save cleanliness, in the old sense of that term—as unnecessary, and very dangerous to the lying-in woman and her offspring, the responsibility rests upon me to avert, as best I can, the danger forced on these helpless patients at the very moment when life is trembling in the balance. Dr. Albert Smith —good, conscientious man—felt compelled to bear testimony against the carbolic acid solution, because he saw two patients partially poisoned by it. Afterward he recommended water, 110 to 115° Fahr. But Dr. Thomas, of New York, in a paper read before the New York Academy, said: 'As labor sets in, the nurse should administer a warm vaginal injection of antiseptic character.' Referring to this utterance of Dr. Thomas, Dr. George T. Harrison, of New York, in a paper on Puerperal Septicæmia, published in the 'Transactions of the Medical Society of Virginia,' thus writes: 'Against this advice I must enter an earnest protest, as such injections are unnecessary and fraught with danger.' In the same 'Transactions,' Dr. Dickinson, in a report on 'Advances in Obstetrics,' quotes from a letter from Berlin, written by Dr. Cushing, in which he says: 'Vaginal injections are now abandoned, in all institutions of repute, after normal labor.' Poor Carl Braun's hospital seems not in good repute! Could we take in the whole field in which this carbolic antiseptic practice has prevailed, how many thousands of women must have suffered from this (at that time) highly lauded practice of using carbolic acid injections! Dr. Smith refers to the experience of Fritsch, as confirming his belief in the danger of carbolic acid solution as thus used. Now, when I reflect how many thousands of physicians are there in the United States who are using carbolic solutions as they were at first recommended, and who are not aware of their poisonous effects when thus used, I feel that it is proper here to state what Fritsch has said on the subject. Do you ask, 'How can it be that they are not aware of these poisonous results if they have ever occurred in their practice?' My answer is that, although these effects may have been produced many times, they would almost certainly have attributed them to the intro-

duction of germs, and not to their own injections. Be that as it may, it will do no harm to give Fritsch's account of the symptoms produced. Both Küstner and Fritsch give cases. 'In Küstner's case, which subsequently proved fatal, there were suddenly developed unconsciousness, contraction of the pupils, rapid respiration (forty a minute), and the pulse one hundred and forty-three being weak and scarcely perceptible. Clonic spasms seized the arms, the head was thrown backward, the jaws were clinched, the small muscles of the face were convulsed, and a clammy sweat covered the patient. The solution used was one of acid to twenty of water.' All this when not needed. Fritsch records two cases in which carbolic acid solution was used, and in one salicylic acid solution. 'In all the cases sudden collapse, unconsciousness, and extremely rapid pulse were observed. These all recovered.' (Country Practitioner, June, 1879.) Recently persons have reported as great success with non-medicated water as with antiseptics. After all I have written about the need of such ministrations as are urged by our teachers of midwifery, I am impelled to ask whether the mortality of puerperal women in the country, and in private practice in cities, was not less before antiseptics were used than now? Whether women's lives are not now put in greater jeopardy, and their condition after delivery for a week or two made more uncomfortable now than before the rules referred to were put in practice? That is my belief. You say it makes you laugh to hear me put up my opinion against eminent obstetricians—even against professors. Laughing and sneering are light arguments. What proof have I that these measures, these precautions, to secure the safety of puerperal women, are not absolutely essential? Only this: That in more than three thousand cases which I have attended—hundreds of them having these poor 'nusses' of whom good Sairey Gamp speaks, and who I know followed the old traditions which had come down to them from former times, and which forbade washing the patient for several days after the completion of labor—they nearly all did well; that septicæmia—blood poisoning—did not occur in one in many hundred cases, if ever even in a single one; that I did not force the after-birth from the womb, did not use injections of poisonous fluids as soon as I removed it, that the uterus and vagina were not washed out even with warm water, that no fear was felt that the 'discharges' would do harm. On the contrary, we were only fearful of trouble and danger when there was an arrest of the lochia too early. Instead of visiting the patient every day for a couple of weeks, and having her disturbed by the nurse with her syringe and quart of water twice to four times daily, we let her alone; generally, if it was convenient, visited her the next day, and again the second day after that, and there was an end of it. Some of them would be up and at work in two or three days, nearly all up on the ninth day, as the nurses felt that their skill as nurses would be doubted should the patient not be able 'to be up and dressed' on that day. The times were fifty years ago? Yes! but women then were a good deal as women are now—very much like their daughters and granddaughters whom I have attended quite recently—and all of whom have done well without antiseptics. I have never used one in all my life for a lying-in woman. I am pleased with nurses who have a regard for cleanliness, but I shall be far from allowing them to inject even hot water into the womb directly after the placenta has been removed, and shall certainly forbid the patient being disturbed every four hours afterward for several days. Since my last report there has not been one case of puerperal fever in the six hundred and forty-nine labors attended by me.

"While I was a student of medicine, in 1827, my preceptor sent me to attend a young woman in her first labor. I was loath to go, but he told me that I need do nothing until the child should be born, then tie the cord, after which, in fifteen or twenty minutes, the patient would have a pain, and I should aid in the removal of the after-birth as directed by the gentle Professor James. In a hut on the banks of the Delaware River, four miles away from our office, I found my patient, who had been for a few hours suffering light, 'grinding pains.' After a few hours, in which they gradually grew stronger, the morning dawned; weary hours more passed, and the pains changed their character—became more propulsive, but even less worrying than the former ones, though so fierce in their expulsive efforts that I feared for her life. As the long and, to me, weary day was yielding to the coming night the child was born. The after-birth followed in due time, and I went home a wiser boy than ever before. It had been a weary, anxious day to me; but what a valuable experience was mine! I had

seen nature at her work from the beginning to the end of the process—a work for which she seemed to be eminently qualified—a work now taken from her, but which I have seen her perform successfully, unaided, thousands of times. How gently and gradually she begins! A slight pain—so slight that the patient is scarcely certain that it really was one; after a time a more decided one, so on increasing gradually—dozens, scores of them, but with rests between, gradually preparing the way for the final expulsion of the child, the 'grinding pains' being as necessary as the expulsive ones. Time, too, was needed; the hard, square head had to be shaped by scores of pains, so that it could pass through the bones; the rigid, soft parts to be softened and dilated to allow it exit; and a flow of mucus established to lubricate the head and facilitate its passage. It would be well if every young practitioner could see his first case from the first pain through all the stages to the delivery of the placenta. It is my belief that there are very few graduates of the last twenty years who have ever seen a case of labor in all its stages. If early called, before the dilatation of the os uteri, they fancy it is a 'rigid os,' and they go to work to force it open; if called later, they rush at the patient with the forceps; if the child is born while they are present, they do not allow the mother a moment to rest and recuperate for the effort to expel the placenta, but pounce upon her and press the womb—not the after-birth—down to the bottom of the pelvis. They never, unless they disobey their teachers, allow the womb, by its contractions, to expel the placenta.

"After what I have said no one need be in doubt about my practice. I allow nature to do the work if she can without imperiling the patient, whose comfort and safety I promote and guard with constant care and vigilance."

An Admirable Selection.—Dr. A. M. Pollock, of Pittsburgh, Pa., has been appointed Secretary of the Section of Anatomy and Surgery of the American Medical Association for the present year.

March (1886) Numbers of The Medical Bulletin Wanted.—Any subscriber sending a copy of this number to 1217 Filbert Street, Philadelphia, Pa., will have his subscription advanced two months for each number received by us.

MEDICAL NEWS AND MISCELLANY.

The American Rhinological Association will hold its fourth annual meeting at St. Louis on Wednesday, October 6, 1886.

The Annals of Hygiene is a new monthly journal, devoted to the fostering of preventive science and the preservation of health. It is edited by Dr. Joseph F. Edwards, one of the most energetic of the sanitary workers and writers of Philadelphia, and is destined to be a potent factor in the dissemination of correct hygienic principles.

The New York Record believes that when the nine national (special) associations are brought together as a Congress of American Physicians and Surgeons, we will have a body of men that will do honor to American medicine. It adds, "The question of finding a time and place agreeable to all is a serious one. Yet it should not prove insuperable, and some of our associations might concede a little for a common good." Certainly! So far as we are concerned we would prefer to have it meet alternately in New York and Philadelphia, but will not object to Alaska, if the common good should demand it. —*Weekly Medical Review.*

A Poor Specimen of Personal Journalism.—The New York Medical Record has been so clearly put in the wrong about the International Medical Congress, and feels so sore at being exposed as the organ of the New York clique who want to break down the barriers of legitimate medicine and admit consultations with all sorts of irregulars, that it takes refuge in the last and worst of all defenses—an unfounded personal attack on the senior editor of the Medical and Surgical Reporter.

This is the small-souled way in which Dr. Shrady satisfies his spleen:—

"Our learned and scholarly contemporary, the Medical and Surgical Reporter, is a stalwart supporter of the Old Code. This is an excellent thing, and is another reason for admiring the sunset covers of our neighbor. We believe, ourselves, in all that is moral in the Old Code, and especially in the sections which say, 'it is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.' Yet we observe, with sorrow, that there regularly appears in the daily papers an advertisement of a certain proprietary 'water,' which is 'the famous specific for the cure of Bright's disease,' and is indorsed by D. G. Brinton, M.D., of Philadelphia. We beg our erring contemporary to set a better example."

Now, as Dr. Shrady well knows, nothing is more common than for the names of persons of some prominence in the profession to be thus

used without their consent. At this writing, we have before us the advertisement of an unblushing gynæcological "professor," who refers to Drs. Thomas and Lusk, of New York City, as his guarantors. To come out in a medical journal and accuse these gentlemen of connivance and approval of such reference would be disreputable and indecent in the person who did so. And we apply these adjectives to Dr. Shrady's action in the case quoted. We defy him to bring any evidence to show that the sellers of the proprietary water in question had any authority to use the name of the senior editor of this journal. They acknowledge in letters before us that they can produce none, and if Dr. Shrady had made the slightest inquiry before publishing his contemptible charge, he could have convinced himself of this. It shows to what poor straits a defeated man of a certain character may be reduced in order to seek revenge when he can no longer expect success.—*Medical and Surgical Reporter.*

THE PHILADELPHIA CORRESPONDENT OF THE BRITISH MEDICAL JOURNAL.—One of our most valuable foreign exchanges is the British Medical Journal, and we regret greatly to see the painfully labored effort made by its Philadelphia correspondent to influence English sentiment against the coming Congress.

We learn that the writer has recently located in the city of brotherly love (?), and, consequently, has some excuse for his ignorance, though he shows a surprising amount of information in some particulars. As the most of his letter is what we have heard again and again from certain quarters, the suspicion grows upon us that he has been "coached." It is a disgrace for any man to serve up second hand material in so pretentious a manner, at such a "feast of reason" as we generally find in the British Medical Journal. Such a caterer is better designed for a bottle washer.

We quote a few samples:—

"It was from this class that the original Congress Committee made the appointments to office. They ignored locality altogether, and the cities of the East, being older medical centres, came in for a very large share of these appointments."

(Ignoring locality is good; ignoring truth isn't.)

Once more:—

"Austin Flint, Jr., Lewis Sayre, and Lewis Smith, of New York, are the only men of first rank to represent the East in the present Congress."

(Present! very. Only a year from next autumn, when the "*present*" Congress arrives, the B. M. J. correspondent will probably be *late*.)

We would mildly suggest that if the time comes that this Philadelphia recorder of exaggerated grievances shall be taught to exhibit a certain amount of appreciation of his new countrymen and of truth, he will admit that even in his own adopted city there are "representative" men alive to the interests of the coming Congress, and working for its success—men whose names are household words where his name is unknown. Well may the question be asked, who is this who omits from the list of "men of first rank" such names, even in his own city, as Pancoast, Shoemaker, Brinton, Woodbury, and Atkinson?

Our only excuse for noticing this foreign adaptation of the "representative men" comedy is the fear that, appearing in such good company, the comedian's remarks might be taken for original observation, rather than for a poor imitation of unsuccessful actors.—*Weekly Medical Review.*

THE "TRUE INWARDNESS" OF THE THING.—The question has often been repeated by seekers after truth, "What is the 'true inwardness' of the thing?" referring to the International Medical Congress difficulties. Various answers have been given, all possibly containing more or less of truth, but possibly lacking completeness. A Philadelphia correspondent of the British Medical Journal, June 12th, gives us an answer from the standpoint of the first organizers of the Congress. We quote his exact language:—

"It has been a struggle of the West and South against the North and East, and the West and South have won." The writer admits the probability that the Congress will be more distinctively American than if conducted by the Original Committee. The first committee, he admits was "strongly tinctured with European methods." Thus it appears from this writer, that the first committee sought to hold the Congress according to European ideas, and so to centre the wisdom of the country in New York, Philadelphia, Boston, and Baltimore, with their attachés. It was perfectly plain that the leaders of these cities, not the North and East, were determined to import the despotic methods of the old despotisms of Europe into the management of the International Congress. It has really been a conflict of ideas. The men and other elements are and have been but the means by which these ideas have been wrought out. It was the old war cry of the Revolution, "There shall be no taxation without representation." The despotic spirits "tinctured with European methods," simply forgot the lesson of American history. Had they re-read and learned the lessons of the establishment of the American Republic, they would never have entered into the scheme to place under despotic rule the American medical profession. There still remains enough of the spirit of "Bunker Hill" to thwart the well-laid plans of those tinctured with "European methods." True it is that many able men are alienated because "democratic methods" have won in the conflicts for individual and pop-

ular liberty. It was so in the American Revolution. It will ever be so. All the brains and culture cannot be gathered on one side. It can be fairly said that the great mass of the medical profession in every portion of the United States rejoice that "American" rather than "European" methods will govern the American management of the International Medical Congress. When we go to the Old World to attend Congresses organized according to the imperial plans, we will have the politeness to let our hosts follow their own imperial methods, and not seek to have them adopt our methods. But, on our own soil, when acting as host, we will be and act the part of American citizens, of independent men, courteous and hospitable in thought, word, and deed.

It has, however, laid bare the fact that imperial ideas control some members of the American medical profession; that many who have received in whole or in part their education in the Old World, have come back to try and play king over the medical profession in this country. But it has also made evident that this element is in the minority, and we may still point to the American medical profession with pride in its loyalty to its country and its country's institutions, its country's methods of government—in a word, to its country's liberty. All medical men who love their country more than their own personal schemes, will be found to work for the success of the coming Congress.—*American Lancet.*

THE ASSOCIATION OF AMERICAN PHYSICIANS.—The readers of The Journal will doubtless observe many familiar names in reading the proceedings of the first meeting of "The Association of American Physicians," some who took an active part with the Original Committee of Seven of the American Medical Association in regard to the International Medical Congress to meet in this country in 1887, and some who took an active part against the committee when it was enlarged. It may be asked, what means this multiplication of medical associations, and what is the necessity for them? In this case the answer is obvious. In reply I would answer the last question first—that there is apparently no necessity for them; and the reply to the first is, it means a bold and aggressive attack. The animus of this new association is open and apparent, for it is evidently organized ulteriorly in opposition to the American Medical Association, and is intended eventually, with kindred associations—the Surgical, the Gynæcological, Laryngological, Ophthalmological, etc., to absorb that association or destroy it, or its influence for usefulness, framing their organization in such a way as to keep out all who may be obnoxious to it in any way, and constituting *itself* the representative body of the medical profession in the United States. This seems to be the end in view.

But by what right can a hundred medical men or any other special number associate themselves together and call themselves "*The* Association of American Physicians?" If they had called it "*An* Association of American Physicians," associated for a specific purpose, and limited to that object, it would not look so badly and no especial criticism or objection could be made against it, though exclusiveism is against the spirit of science and its pursuit. Any one has a right to be heard in prosecuting any of its branches, and no one can dictate to, or obstruct him in its development and promulgation. Knowledge is too widespread and its votaries are too numerous and universal to be hindered on their way in this period of the nineteenth century. But as this new association places itself before the public I do not hesitate to say that its projection is an insult to the rest of the medical profession in the United States, whose standing in every respect equals its members; and besides this, the character and intentions of this new association show a tendency to form a class relation which is altogether foreign to the intent and meaning of the government under which we live.

But there is another aspect of the matter which comes home to the heart of every physician who regards the reputation of his country, in at least a practical point of view, as of paramount importance, and that is the strong contrast that will be attempted to be made between this new organization and the American Medical Association in the eyes of the medical world, especially in the eyes of our foreign medical brethren who may favor us with a visit at the International Medical Congress, and those also who decline to do so, because of the assumed exclusiveness which it proposes to set up. Is the American Medical Association and the medical profession to be degraded by a set of men in its own ranks, in a profession which teaches and has always taught fraternity of feeling, and goodwill towards its fellows? Or do they intend to degrade themselves and their co-workers necessarily by breaking up the profession into little fragments, thereby producing such discord that the way may be opened to let in our enemies to destroy the traditions of medicine handed down to us through so many centuries? Can they be satisfied to sever the chain that has joined the far past with the present, and destroy the line and pathway by which medicine has reached its present eminence? And yet such seems to be the very object in view, and the animus of such organizations.

The day will come when such as seek to destroy the great temple of medicine in such ways—by caprice and whims and spitefulness—will wofully repent it, will abhor themselves

sooner or later and be ashamed of their associates who, with themselves, lifted a hand or voice to aid in such nefarious work.—PRACTITIONER, *Journal of American Med. Association.*

EXCLUSIVEISM AND SPECIALISM IN MEDICAL ORGANIZATIONS.—That principle or feeling which prompts one man or class of men to assume superiority in some directions over his fellows, and therefore to assert exclusiveness in association, rank, or privilege, is probably as old as the human race. In matters of State or politics, it underlies all forms of aristocracy ; it prompts the religionist to say to his neighbor "stand thou there, I am holier than thou ;" and it does not fail in prompting men of science even to think they have attained an eminence that lifts them so far above all others cultivating the same fields of human knowledge, that they must needs have exclusive social organizations for themselves.

The strong influence of this psychological principle has been well illustrated in the progress of medical organizations in this country. Although every State Medical Society in this country has shown a remarkable disposition to give the fullest opportunity to those cultivating special departments of medical science or practice to present reports or papers regarding their own special departments at any regular meeting ; and although the American Medical Association, as fast as new specialties were developed, added new sections for the accommodation of their votaries, the same spirit of exclusiveism soon prompted each to seek an organization for itself ; not for the purpose, as might be supposed, of accommodating all practising a certain specialty with more time and freedom of discussion, but directly for the purpose of including in its membership only those who had already gained reputation, that they might, on the one hand, avoid the necessity of entering into discussions on a level with the common doctor ; and, on the other, to more effectually bar the progress of each new competitor in the same field. Hence, each new special organization is formed by a few of kindred spirit meeting and selecting those they desire for comrades, inviting them to a subsequent meeting, when a constitution and by-laws are adopted, with such provisions that all subsequent additions must be made by the nomination and election of those already members, or even by a small council or committee of censors. Consequently, these so-called American Ophthalmological, Otological, Gynæcological Societies, etc., instead of being composed of all the American ophthalmologists, otologists, etc., who might choose to join them, or a ratio of delegates chosen to represent all, are close corporations to be increased or perpetuated only by the gracious favor of the individual corporators.

The whole process is admirably illustrated by the last so-called national organization just completed. . . . A few months since a dozen or possibly twenty prominent physicians in Philadelphia and New York held a conference, and decided to form what was to be called an Association of American Physicians and Pathologists, which it was supposed would complete the circle of special organizations known to the profession. They selected a sufficient number, chiefly from the cities of Philadelphia, New York, and Boston, to make seventy-four in all, effected a temporary organization and agreed to hold their first regular meeting in Washington, D. C., June 17, 1886. That meeting was held with the results to be seen. . . . Fifty-six of the seventy-four selected were in attendance. A constitution for permanent organization was adopted, limiting the number of members of the association to one hundred, and the honorary members to twenty-five ; making it necessary that proposed new members must be nominated by two regular members, referred to the Board of Censors, and elected at a subsequent meeting, and, as a part of the qualifications, it is required that the proposed members must have accomplished some scientific or professional work of importance. Another provision fixes the permanent place of meeting in Washington, D. C., the time, the month of June each year, and the name of the organization "The Association of American Physicians."

Here are nominally seventy-four, but actually fifty-six presumably eminent members of the profession, forty-two of whom are from the cities of Philadelphia, New York, and Boston, forming an association avowedly of so high an order that of the forty thousand American physicians (not counting surgeons and other specialists) only one hundred can expect to be members at one time, and carefully guarding the door of entrance for the future, and yet so modest, that they adopt a name directly calculated to create the impression everywhere that this new society is simply an association of American physicians and nothing more. Surely this is a serious mistake. There should be something in the name to indicate the distinctively eminent character of the membership. Perhaps the most appropriate title would be "The Association of Eminent American Physicians." But if the extraordinarily frequent use of the word "eminent" in two or three leading medical journals in New York and Philadelphia and their echoes in Canada and elsewhere, during the past year, has rendered that word too monotonous, then follow the News, and call it "The Association of American Clinicians and Pathologists," or even "The Association of Medical Experts ;" something, at least, that will surely prevent so distinguished a body from being confounded with the great body of American practitioners. We trust, when the members come

together again next June, they will lay aside that modesty so natural to men of true science, and not only correct the present error, but, if they meet there in the capital of the nation all the other specialist organizations to form a confederated Congress, do not permit the repetition of a similar mistake by calling it "The Congress of American Physicians and Surgeons," as has been proposed, and which would suggest to all the outside world only a gathering of ordinary members of the profession, but insist boldly on its being called honestly and plainly "The Congress of American Specialists." For it would be a sad reflection if, after assembling annually on the banks of the Potomac and enduring a June sweat for a decade, they found themselves well-nigh forgotten, and all for the want of a title sufficiently distinctive to secure the attention of the learned in all parts of the world. Let no one suppose that the foregoing comments are prompted by any feeling of opposition to the new association. We are perfectly willing that both specialism and exclusiveism shall have fair play in an open field, but it is no more than right to claim that every ship should sail under its own flag.—*Journal of Amer. Med. Association.*

NINTH INTERNATIONAL MEDICAL CONGRESS.—The Ninth International Medical Congress, to be held in Washington, D. C., commencing September 5, 1887:—

PRELIMINARY ORGANIZATION.

SECTION XIV. PUBLIC AND INTERNATIONAL HYGIENE.

President, Joseph Jones, M.D., of New Orleans, La. Vice-Presidents, John Simon, 40 Kensington Square, W. London; B. W. Richardson, 25 Manchester Square, W. London; J. W. Thudicum, 11 Pembroke Garden, W. London; A. N. Bell, Brooklyn, N. Y.; J. N. McCormick, Bowling Green, Ky.; J. Berrien Lindsey, Nashville, Tenn.; J. F. Y. Paine, Galveston, Texas. Secretaries, George H. Rohé, Baltimore, Md.; Walter Wyman, United States Marine Hospital Service. Council, Thomas Antisell, Washington, D. C.; Le Baron Bottsford, St. Johns, New Brunswick; Henry Carpenter, Lancaster, Pa.; Richard H. Day, Baton Rouge, La.; J. W. Dupui, Baton Rouge, La.; Oscar DeWolf, Chicago, Illinois; Landon B. Edwards, Richmond, Va.; James Finney, New Orleans, La.; Wiley K. Foot, New Orleans, La.; Albert L. Gihon, Washington, D. C.; E. L. B. Godfrey, Camden, N. J.; D. W. Hand, St. Paul, Minn.; Thomas Hebert, New Iberia, La.; Charles H. Hewitt, Red Wing, Minn.; Joseph Holt, New Orleans, La.; Stanhope Jones, New Orleans, La.; Benjamin Lee, Philadelphia, Pa.; Henry Leffman, Philadelphia, Pa.; J. R. Le Monnier, New Orleans, La.; Henry F. Lyster, Detroit, Mich.; A. W. Leighton, New Haven, Conn.; William R. Mandeville, New Orleans, La.; N. R. Milner, New Orleans, La.; H. L. Orme, Los Angeles, Cal.; R. H. Reed, Mansfield, Ohio; W. L. Schenck, Osage City, Kan.; C. M. Smith, Franklin, Ohio; R. M. Swearingen, Austin, Texas; M. K. Taylor, United States Army; G. B. Thornton, Memphis, Tenn.; William M. Welch, Philadelphia, Pa.

SUBJECTS FOR DISCUSSION AND FOR THE PREPARATION OF MONOGRAPHS.

I. Quarantine.

a. History of quarantine.

b. Conduct of quarantine stations.

c. Sanitation of ships.

d. Sanitation of maritime ports.

e. Regulation and control by sea and land of such diseases as yellow fever, Asiatic cholera, Oriental plague, Oriental leprosy, typhus, and typhoid fevers, smallpox, scarlatina, and measles.

f. The relations of the duration of quarantine as determined by the natural history of various diseases, and more especially by the period of incubation of their specific poisons.

g. Value of heat (dry heat and heated steam) and steam in the disinfection and cleansing of infected vessels.

h. Relative value of sulphuric acid and other agents, as carbolic acid, sulphate of iron, and bichloride of mercury in disinfection.

i. Describe the apparatus for the application of disinfectants.

j. Quarantine should embrace not merely detention, but also thorough cleansing and disinfection. Whenever necessary, the cargo should he discharged and thoroughly aired and fumigated.

k. Structure and conduct of quarantine hospitals.

l. Land quarantine, its value and mode of conduction.

m. The proper structure, ventilation, and conduct of railroads so as to prevent the dissemination of contagious and infectious diseases.

n. Shall the General Governments of the civilized world assume control of all the quarantine systems, and by mutual consent reduce the entire subject of quarantine to order and apply the most improved methods of sanitation and disinfection?

o. Shall the government of the United States assume charge of the entire subject of quarantine and relieve the individual States of the Union of all further responsibility of regulating quarantine either with foreign countries or with each other?

II. Military Hygiene.

a. Food of the soldier.

b. Clothing of the soldier.

c. Exercise of rest; effects of infantry, cavalry, artillery, and bicycle exercise upon the soldier.

d. Shelter. Structure of tents.

e. Water supply of armies; method of testing and improving.

f. Military prisoners and military prisons.

g. The establishment of uniform rules to be recognized by all civilized nations for the treatment, food, and clothing of military prisoners, and for the regular and continuous exchange of all military prisoners.

h. Hygienic arrangements of field and general hospitals.

III. Naval Hygiene.

IV. Structure and Arrangement of Prisons and Treatment of Prisoners.

a. Treatment of prisoners: food, clothing, and occupation.

b. Has the State the right to work prisoners in swamps and marshes, and cause the destruction of human life by the neglect of all the laws of hygiene?

c. Are not deaths occasioned amongst prisoners by cruelty, overwork, scant clothing, poor food, directly chargeable against the officials composing the government, whether acting in behalf of a city, county, state, or government?

V. Structure, Hygienic Arrangements, and Ventilation of Buildings.

a. Proper condition of the soil for the location of buildings.

b. Relations of building material to moisture and to fire.

c. Public buildings: legislative halls, depots, churches, etc.

d. School-houses and colleges.

e. Factories.

f. Dwellings.

VI. Influence of Agriculture on Public Health.

a. Influence of overflows on the public health.

b. Importance of drainage; clearage of swamps, marshes, and land generally.

c. Influence of the cultivation of rice on the public health.

d. Influence of cotton, tobacco, sugar, and indigo culture on the public health.

VII. Food and its Adulterations.

a. Influence of different methods of preserving food on the public health.

b. Influence of canned food upon the public health.

c. The injurious effects of lead, copper, tin, zinc, antimony, etc., upon food; said metals being used for culinary vessels, dishes, and receptacles.

VIII. Relations of Water to the Public Health.

a. Properties of wholesome potable water.

b. Water supplies of cities.

c. Proper supply to each inhabitant, etc. Transmission of disease germs through the medium of water.

IX. Influence of Alcohol upon the Public Health.

a. Wine.

b. Malt liquors.

c. Distilled liquors.

X. Influence of Narcotics upon the Public Health.

a. Tobacco.

b. Cannabis indicus.

c. Opium and its preparations.

d. Chloral hydrate, chloroform, and ether.

XI. Influence of the Electric Light upon the Public Health.

XII. Influence of the Modern Modes of Travel upon Public Health.

a. Effects of railroad travel in inducing paralysis.

b. Hygienic structure and conduct of railroad trains so as to avoid the introduction and dissemination of infectious and contagious diseases.

c. Structure and arrangement of sailing and steamships.

d. Hygienic regulations of officers, crews, and passengers.

XIII. Relations of Filth to Public Health.

a. Relative merits of the various plans of sewerage and of the disposal of garbage and fecal matter.

b. Organization of the scavenger force.

c. Best method of disposing of the dead.

d. Effects of putrefaction in the dissemination of the disease germs of contagious and infectious diseases, such as cholera, yellow fever, smallpox, measles, scarlet fever, etc.

e. Cremation.

XIV. Relations of Disease Germs to the Origin and Spread of Contagious and Infectious Diseases, and to Endemic and Epidemic Diseases.

a. Relations of malaria to the public health.

b. Nature of the malarial poison.

c. Physical, chemical, and microscopical characters of the poison or cause of the following diseases: Yellow fever, typhoid fever, typhus fever, relapsing fever, measles, scarlatina, syphilis, phthisis, Oriental leprosy, elephantiasis, smallpox.

d. Relations of phthisis to the public health.

e. Relations of syphilis to the public health.

f. Measures for the arrest of smallpox.

g. Value of cowpox vaccination.

h. Accidents attending vaccination. Transmission of the syphilitic virus through the medium of the vaccine virus.

Authors desiring to contribute to the Fourteenth Section of the Ninth International Medical Congress should commence their labors at the earliest practical moment and communicate with

JOSEPH JONES, M.D.,
Post Box 1500, New Orleans, La.

40 KENSINGTON SQUARE, W. LONDON,
June 8, 1886.

My Dear Sir:—I feel myself highly flattered by the invitation with which you honor me, that I should be one of the Vice-Presidents of Section XIV. of the International Medical Congress about to be held in Washington.

To my very great regret, I have no hope that it will be in my power to attend the Congress; and I feel doubtful whether, in that state of the case, you will still think me qualified for the honor you so kindly propose. This I can only leave to your judgment; subject to which, my answer to your very flattering invitation would, of course, be, that I should be proud to hold under your presidency, any honoring post for which you may deem me fit.

Meanwhile, and at any rate, permit me to offer you, from this side of the Atlantic, my heartiest good wishes for the success of the Congress in general, and of Section XIV. in particular; and believe me, dear sir, with much respect,

Your obliged, faithful servant,
JOHN SIMON.

Professor Joseph Jones, M.D., 156 Washington Avenue, New Orleans, La.

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11 PEMBROKE GARDEN, W. LONDON,
June 9, 1886.

JOSEPH JONES, M.D., NEW ORLEANS.

My Dear Sir:—I have the honor to acknowledge the receipt of your letter of May 17th ultimo, in which you express to me your wish that I should be appointed a Vice-President of the Fourteenth Section of the Ninth International Medical Congress, to be held at Washington, in 1887.

In reply, I have pleasure in informing you that I shall consider it a great honor to fill this office, which will be so worthily presided over by yourself. I sincerely hope that circumstances will permit me to visit America, and to make your personal acquaintance. Yours most faithfully,

J. W. THUDICUM, M.D.

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25 MANCHESTER SQUARE, W. LONDON,
June 7, 1886.

My Dear Sir:—It will give me the greatest pleasure to accept the office of a Vice-Presidency of the Section on Public and International Hygiene of the International Medical Congress, to be held at Washington in September, 1887.

I do not know whether this intimation should be sent to you direct or to some other officer. I therefore send it to you direct, with the request that you will send it to the right quarter.

Yours always, truly,
B. W. RICHARDSON.

Professor Joseph Jones, M.D., Post Office Box 1500, New Orleans, U. S. A.

—*Journal of Amer. Med. Association.*

BOOK REVIEWS.

Diseases of the Digestive Organs in Infancy and Childhood. By LOUIS STARR, M.D. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia, 1886.

This is a new book, by an author well-known as a teacher in the department of children's diseases. The general arrangement of the work is worthy of commendation; and the workmanship—printing, binding, etc.—excellent. The author, we are gratified to see, lays great stress on the matter of general management of the little sufferer. In fact, the concluding part of the book is devoted to that important subject. Feeding enters into his therapeutics as preëminently the remedy. Were it not that the doctor has handled dietetics so ably, we would be inclined to consider a book of the size of the one under consideration as too large for the subject. Not that the subject is not one of vast importance, but because brevity is a great virtue in medical literature. The introductory chapter is devoted to the very important subject of the investigation of disease in children.

Part second begins with a consideration of diseases of the mouth and throat. Catarrhal, and other forms of stomatitis, find their place in this portion of the book. Dentition and its difficulties are next encountered. Simple pharyngitis, superficial catarrh of the tonsils, follicular tonsillitis, suppurative tonsillitis, retro-pharyngeal abscess, are all taken up in their turn. The author then passes on to the affections of the stomach and intestines. These occupy the second chapter of this part. Gastritis comes in for its share of space. The section on mucous disease is illustrated by a plate illustrative of the appearance of a glazed tongue and a worm-eaten tongue. Intestinal catarrh is duly considered; and entero-colitis, cholera infantum dysentery, tubercular ulceration of the intestine, colic, and constipation are fully dwelt upon. Simple atrophy, or marasmus, is ably handled. In speaking of the vitally important subject of feeding that class of infants properly, the author states that for a number of years he has made it a rule to ask for the bottle of every hand-fed infant presented for treatment. In this connection he takes opportunity to strongly condemn that complicated contrivance, popular of late, consisting of an arrangement of glass and rubber-tubing of small calibre in place of a plain gum tip. He believes, and we think with reason, that the tubing can never be kept clean. Besides, the child, left to itself, is apt to continue suction long after the bottle is exhausted, thus swallowing a quantity of air. Typhlitis and perityphlitis are next considered, followed by intussusception and intestinal worms. The last-named section is

illustrated by four engravings. The third chapter is devoted to caseous degeneration and tuberculosis of the mesenteric glands, or tabes mesenterica. The fourth chapter embraces diseases of the liver, jaundice, congestion, fatty liver, amyloid, syphilitic inflammation of the liver, and cirrhosis, are all treated of. Chapter five embraces diseases of the peritoneum. This book, we think, is a valuable one, and well worthy of a place in the library of the physician.

A Manual of Midwifery. By ALFRED LEWIS GALABIN, M.A., M.D., Obstetric Physician and Lecturer on Midwifery and the Diseases of Women, to Guy's Hospital, London. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia, 1886.

The volume before us is one of the latest, if not the latest, treatise published on the subject of midwifery. It is fully up to the times. To attempt abstracting the work to any extent would be a task far exceeding the time and space allotted; so we shall be compelled merely to note a point here and there. When speaking of anæsthetics in labor, the doctor says that in the great majority of cases chloroform is the one to be chosen. "Even when it is necessary to give it to the full surgical extent, as in obstetric operations, it does not appear to involve the same increased risk, as compared with other anæsthetics, such as ether, which it does in ordinary cases." "The explanation of this is probably to be found in the physiological hypertrophy of the heart, which occurs during pregnancy, and perhaps, also, to some extent, in the high abdominal pressure due to the presence of the pregnant uterus." When discussing the subject of physometra, the author states that he has met with a case of the so-called vagitus uterinus during version, performed on account of contraction of the brim. "The child was still-born, but, on *post-mortem* examination, partial distension of its lungs was found, such as would generally be considered as proof of live birth. This medico-legal test of live birth is, therefore, open to possible fallacy under these circumstances." The doctor, under the heading of treatment in congenital encephalocele, speaks as follows: "Forceps will generally slip off the head, and it is not usually worth while to attempt delivery by version, since the child is probably never capable of prolonged life. For the same reason there is no object in puncturing with a small trocar, in order to secure a living child, unless it should be of legal importance to secure the birth of a child, even though it lives for only a short time." We should be inclined to say that it is important to secure a living child for a short time, even if of no legal consequence, rather than kill it outright. Dr. Galabin is not, perhaps, more oblivious to moral law in his treatment of kindred subjects to the above than most writers, but we think more care to this feature would add greatly to the merit of a work. In conclusion we would add that the book is complete and, at the same time, handy for reference, thoroughly modern in its teachings, and, with a few exceptions, safely to be confided in and followed.

Quiz-Compend of Pharmacy. By F. E. STEWART, M.D., Ph.G. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia.

This compend, the eleventh of a new series of compends for students, is based upon Professor Joseph P. Remington's "Text Book of Pharmacy." It shows much care in the preparation, and, if well studied by the candidate for gradution, would certainly go far towards supplying him with a condensed, and, at the same time, extensive, review of the subject in hand.

The Principles and Practice of Surgery. By FRANK HASTINGS HAMILTON, A.M., M.D., LL.D., late Professor of the Practice of Surgery, with Operations, and of Clinical Surgery, in Bellevue Hospital Medical College; Consulting Surgeon of the Bellevue Hospital, etc., etc. Illustrated with 472 engravings on wood. Third edition, revised and corrected. New York: William Wood & Co., 1886.

The first edition of this work was given to the public in 1872. The favorable reception of that and a second edition a year later, preclude the necessity of an extended notice of this, the third edition.

This book will continue to be a favorite one with the students who have enjoyed the privilege of listening to the lectures of its distinguished author. And to those practitioners of a conservative turn of mind, who desire a book to which they may turn and hurriedly review the surgical anatomy, and necessary steps to be taken in a surgical operation, it is useful.

This edition of the book does not materially differ from the two former which have preceded it, except in the fact that a supplementary chapter has been added. This chapter is upon "The Art of Primary Union, or Union by Adhesion in Large Incised Wounds; With a Consideration of the Value of Antiseptics in These and Other Wounds."

In this chapter the author demolishes the specious claims of the Listerian school, and shows that the favorable results which have been obtained by the antiseptic method of treating wounds, has not been because of the exclusion of a multitude of supposititious germs, but because in the exercise of it, it was necessary to comply with conditions known and taught by surgeons more than a hundred years ago.

But let the author speak for himself. He says, page 949: "The several conditions necessary for the union of large wounds by adhesion are not now for the first time declared. Their first enunciation was made substantially in the latter part of the last century, and were repeated often by systematic writers. They were part of my earliest lessons in surgery, and have been taught and practised by me during all my professional life up to the present time. I believe, also, that a strict compliance with these rules constitutes the only grounds for the superior success of some surgeons, as compared with the success of others, at the present day."

Again, he says, on page 955, Mr. Lister teaches "that under a most thorough system of antiseptics, primary union can be secured." "But he also teaches, incidentally, that the wound must be handled gently, all foreign substances must be removed, the blood must cease to flow, and provision must be made for drainage. In short, if you will look carefully into his teachings and practice, and the practice of his disciples you will see that they omit nothing which I have declared essential to success; and I venture to say that if they did, no amount or quality of antiseptics would secure union by adhesion. The influence of Mr. Lister, backed by his specious theories, secured a return to the old practice of the advocates of primary union in all its details, and to this it added antisepsis. But, as to his declaration that the results which he obtained were due to the destruction of certain micro-organisms constantly floating in the atmosphere, and which, being received and propagated upon the raw surfaces, prevent primary union, or which, conveyed into the system by absorption, cause septicæmia; this is only a theory, and one that is far from being universally accepted."

Again, he says, on page 957: "The various manipulations and devices for the purpose of excluding the germs above enumerated, with others not enumerated, have at one time or another been suggested by Mr. Lister or his disciples, and, in my opinion, they are all necessary if Mr. Lister's theory is correct. If it be not correct, they serve no other purpose than do the walking, talking, and gestures of the prestidigitator. They abstract the attention and conceal the adroit manipulation by which the trick is actually performed, with this difference, the prestidigitators are not deceived, but deceive their audience; while Mr. Lister and his disciples deceive both themselves and their audiences."

In some other matters Dr. Hamilton's views are too conservative. Thus, in his chapters devoted to the treatment of Gunshot, Incised, and Punctured Wounds of the Abdomen and Abdominal Viscera, notwithstanding all that has been said upon this subject by modern surgeons since the second edition of this work was issued, we discover no change in this present edition. The author has as much reliance and faith in the *vis medicatrix naturæ* and in opium now as he had when he issued the first edition of his work. He evidently does not approve of laparotomy in the treatment of such wounds. For instance, he says in the chapter devoted to the treatment of gunshot wounds of the belly (page 95): "To search for a wound in the intestines for the purpose of closing its edges with sutures, as recommended by Legonest, is, in my judgment, unsound practice," also, "The very attempt to find the wound in the intestines must insure the admission of air into the cavity of the peritoneum, and the escape of fecal matter." In view of the success which has recently attended the operation of laparotomy, Dr. Hamilton's views on this subject will not be accepted by modern surgeons.

NEW PUBLICATIONS RECEIVED.

The Treatment of White Swelling of the Knee, by A. B. Judson, M.D., New York. Reprint from New York Medical Journal.

Incubation of the Larynx for Diphtheritic Croup, by E. Fletcher Ingalls, A.M., M.D., Chicago, Ill. Reprint from Journal of American Medical Association.

The Importance of Early Operations in Surgical Injuries, by R. Harvey Reed, M.D., Mansfield, O. Reprint from Transactions of Ohio State Medical Society.

On the Physiological Action of Nitrous Oxide, by Dudley W. Buxton, M.D., D.S., M.R.C.P. Reprinted from Transactions of the British Odontological Society.

On the Limitation of the Contagious Stages of Syphilis, Especially in its Relations to Marriage, by F. N. Otis, M.D. Reprint from Journal of Cutaneous and Venereal Diseases.

Official Report of the Memorial Meeting of the New York County Medical Association in Honor of the Late Austin Flint, M.D., LL.D., held at the Carnegie Laboratory, Bellevue Hospital Medical College, New York, April 19, 1886. Reprint from Gaillard's Medical Journal.

Rational Medicine and Some of its Problems. The Valedictory Address Delivered at the Fifth Annual Commencement of the Medico-Chirurgical College, of Philadelphia, in Association Hall, April 3, 1886, by Frank Woodbury, M.D., Professor of Materia Medica and Therapeutics and of Clinical Medicine. Published by the Alumni Association of the Medico-Chirurgical College, Philadelphia.

COMMERCIAL NEWS.

Con. Tinc. Avena Sativa for the Opium Habit, Etc.

Harrodsburg, Ky., November 23, 1885.

Messrs. B. Keith & Co.:

Gentlemen:—I have been using your Con. Tinc. Avena Sativa for several years, and have found it useful in the following morbid conditions:—

1st. In the nervous exhaustion resulting from over-brain work, I regard it as a specific.

2d. In cerebral hemorrhage, resulting in paralysis, it is very useful in restoring both sensory and motory power.

3d. In stomatitis, depending on deficient nerve-power in the digestive apparatus; it will cure that.

4th. In alcoholism it will supply the intolerable craving for alcoholic stimulants, and enable the inebriate to glide out from under its power with much more ease.

5th. It is very useful in what is called opium habit, by reinforcing and fortifying a resolution to abstain. Very truly, C. H. Spilman, M.D.

Cod-Liver Oil with Hypophosphites.

As a nutrient means of checking and repairing bodily waste, and remedying diseases of the throat, chest, and lungs, Scott's Emulsion has long held the foremost rank among preparations of cod-liver oil. In it not only is the disagreeable flavor and nauseating effect of cod-liver oil in its crude state overcome, but it holds in combination the hypophosphites of lime and soda, a most important remedial agent and adjunct to the cod-liver oil. The perfect chemical union of this valuable combination gives it an exalted position in pharmacy and brings this hitherto valuable but almost useless article (on account of its repulsive taste and odor) into practical utility for supplying to the depleted system iodine, bromine, and phosphorus in the most desirable and acceptable form. The certificates of some of the most eminent physicians and analysts in Europe and America attest both its efficacy and its chemical purity. It is, perhaps, useless to enumerate the diseases for which these two combined specifics are of great remedial value, it is sufficient to say that this Scott's Emulsion of Cod-Liver Oil and Hypophosphites stands pre-eminently at the head of the list, and by its superior healing and strengthening powers it has grown and reached out till it has covered many countries of the globe, and can be found even in some of the remote corners of the earth.—*Townsend's Quarterly Epitome.*

Dysentery.

Some time ago we had an epidemic of dysentery in our community. I tested Kennedy's (dark) Pinus Canadensis fully; must say I am well pleased with it, and expect to use it freely in future in cases where indicated.

P. A. Wilson, M.D.

Timmonsville, S. C.

Peacock's Bromides is a valuable remedy, and I can heartily recommend it to the profession where the use of such a preparation is indicated. It takes the place in our list of remedies that has long been needed. It is all that is claimed for it. A. M. Chord, M.D.

Logansport, Ind.

Maltine with Cascara Sagrada.

This valuable preparation which has been recently introduced by the Maltine Manufacturing Company has no superior for the purposes for which it is intended. The value of Cascara Sagrada in all cases of obstinate and habitual constipation, is conceded by nearly the entire profession. Combined with Maltine, it becomes an agreeable and safe laxative, while the Maltine invigorates and strengthens the whole system.

Unlike ordinary purgatives, this compound causes no pain, nor does it leave the bowels in a weakened or enfeebled state, having, on the contrary, a tonic action. The improvement in health is noticed from the start. Dr. Reid, an eminent English practitioner, at a recent meeting of the British Medical Association, said, regarding the use of Cascara Sagrada, in thirty-three cases, of which he had taken careful notice, "the result was all that could be desired in twenty-seven cases of habitual constipation, several of them being complicated by various forms of dyspepsia, and in many instances the patients being persons of sedentary habits, more especially females."

Also, the same authority states that Cascara was found of great service in many cases of piles, when other aperients had failed.

With the emollient and nutritive properties of Maltine the virtues of Cascara Sagrada are greatly increased by this combination, each fluid ounce of which contains one and a half drachms fluid extract Cascara Sagrada.

The Maltine Manufacturing Company, 182 Fulton Street, New York, will furnish one pound sample free of charge to physicians who will pay expressage.

The Wallain Oxygen Apparatus Manufacturing Company have improved their appliances, and at the same time lessened the cost thereof. New illustrations of same in next number of The Bulletin.